PLACE_OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. stated EXACTLY, properly classifie of certificate. (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED, OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from (Day) (Year) (Month) IIf LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ..(Durstion) ... which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DO 10 NAME OF 0 II BIRTHPLA OF FATHER *State the Disease Causing Desth, or, in deaths from RENT Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME O OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transoccup/ ients or Recent Residents) 13 BIRTHPLACE At place of death. OF MOTHER (State or Country) Where was disease contracted, if not at place of death?. OF BURIAL 20 UNDER Filed Registrar If more bianks are needed, address State Registrar, 16 W. Ssratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons ennature of the business or industry, and therefore an Physician, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, 9 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feet (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid If this certificate is looked over thoroughly and a'l questions (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory

1	PLACE OF DEATH County Treferiols	06492 STATE OF MARYLAND CERTIFICATE OF DEATH
	do (Mb	Registration Dist. No. 144
	Village or City Byles Valley (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
l		number.)
d	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	(Month) (Day) (Year)
	6 DATE OF BIRTH (Month) / (Day) (Year)	that I last saw hourselive on 28 1932
	7 AGE Syrs. Syrs. Sign of Less than I day hrs. or min.?	and that death occurred on the date stated above, at 10 A
	8 OCCUPATION (a) I rade, profession or particular kind of work [A] January Tarmer	
þ	(b) General nature of industry business, or establishment in	(Durstion) yrs. 6 mos. dd
	which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Cacherica
	10 NAME OF Lieghman allyandes	(Signed) (Durstion) yrs mos di
	OF FATHER (State or country) (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Waria Calmer	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Wayford.	At place of deathyrsmosds, In the Stateyrsmosd
)	(Informant) Us. Wartha alexander	it not at place of dea h?
	(Address) Cumitslung rul	Waynesbars Pg Tel. 1, 19
	Filed Jan. 30 193/ Asses M. Registral	20 UNDERTOKER Sling & Suntaking
. 1	If more banks are needed, addre.s tate kegistra	r, 13 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISLEAN CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

3

st_ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," a(ic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentctanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of inju.: Y State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthonia," "Anaemia" (mere!y symptom-(secondary or intercurrent) affection need not be Whooping cough; approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, American Medical Association.) perulonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as Chronic valvular heart disease; Carcinoma, Sarcoma, etc. The contributory etc., of

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospital or institu-tion, give its NAME in-stead of street and properly classof certificate. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH WIDOWED. Widowell ould be may be n back o OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from that nstruction (Day) (Year) that I last saw h alive on (Month) 7 AGE IIf LESS than 0 and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: upplied ds. or min.? BOCCUPATION Ma) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in 'n (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) be EA OG 10 NAME OF (Signed) 31 FATHER 00 (Address) Sh II BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from S Z Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or count Accidental, Suicidal or Homicidal. CA 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER on. ients or Recent Residents) 13 BIRTHPLACE At place Sta OF MOTHER (State or Country) Where was disease contracted, if not at place of dea.h?... 14 THE ABOVE IS TRUE TO Every item CIANS sho statement Former or usual residence 19-PLACE OF BURIAL OR REMOVAL Registrar If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

BINDIN

RESERVED

MARGIN

(If death occurred In

number.)

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emfulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. valvular heart disease; The contributory

ciassified proper should be it may be MARGIN RESERVED FOR BINDING PERMAN ee instructions that CE 4 S TH UNFADING INK--THIS OF DI Every Item CIANS shou WRITE

V. S. No. 1

PLACE OF DEATH	00454 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. 139
Village or City State Sansthorning	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME M. GLOSA J. G.	enous.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male while (Write the word)	16 DATE OF DEATH 2 7
6 DATE OF BIRTH July 374, 19/2	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE (May) (Year)	that I last saw h donalive on fram, 192,
7 AGE If LESS than I day	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Vincinia	Contributory Secondary Legyorthage Burstian / yrs. / mos. ds.
10 NAME OF Lewis In Anderson	(Signed) Stowart S. Shaffer M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Cladys M Crossman	Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Massachusetts	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wa Gardner	Former or usual residence Hyattaville Md 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Flate Dangelorium Md	Washington DC unkenggon
1/1///	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as *Doy laborer*, *Form laborer*, *Loborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) Grocery: man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, diseases Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servanl, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it whatever, write None. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. taken. For violent duating state means of injury can be ascertained as the cause. Always quality all "Uraemia," "Weaknes:" etc., when a definite disease causing death). 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; use of "Tunor" for malignant neoplasms); Meastes; "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease (merely (second-"Con-

If this certificate is looked over thoroughly and all questions answered in decail, it will prevent further correspondence, all the data is essential and must be obtained before the certificate is permanently filed.

RECEIVE

5

	00496
PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
Within the C	OF got also managed a
1	South maybet their Dist. No. 12/-
Village or City Near Frederick (No. //2 2FULL NAME Morris E. Baker	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Widowed, OR DIVORCED (Write the word)	16 DATE OF DEAD Qu 18 , 1931
6 DATE OF BIRTH	17 I HERZBY CERTIFY, That I attended the deceased from
11BNIX 16 1874	193 1 to Jan 18 ,193 1.
(Month) (Day) (Year)	that I last saw hun alivo on Jan 18, 1931.
7 AGE Stlian	and that death occurred on the date stated above, nt 7 Pm.
56 0 1 dayhrs.	
occupation ds. or min.?	Compound Fracting 95/culf
(a) Trade, profession or particular kind of workShoe Repairer	
(b) General nature of industry	(auls to see See &)
business, or establishment in Shoe Shop	(Duration) 518 m28 ds.
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF FATHER	(Sixned) World
Ephram Baker	() 0.18 21 Deadorite
OF FATHER	(Address) Tederal Up
Z (State or country) Md.	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Jule Winebrenner	18 LENGTH OF RESIDENCE (For linspitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or country)	of death yis mos ds. State the mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ralph Baker	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 220 W. South St. Fredk, Md.	Mt. Hope Cem sadsboro Jon 21, 31
15 53-19 A-la 11081 X50 MEVILLE	20 UNDERTAKER ADDRESS

M. R. Etchison & Frederick, Md. Son If more bianks are needed, address State Degistrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. er, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a saborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. etc., For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal of fever the only definite synonym is "Epidemic cerebros inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia";

> "Uraemia," "Weakness," etc., whon a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of "PUERPERAL septicaemia," "PUERPERAL perilondis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection necd use of "Tumor" for malignant neoplasms); Mousles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telunus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. Whooping Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic . valvular heart Nomenclature The contributory discuse; not be

PLACE OF DEATH	STATE OF MARYLAND
County Stedent	CERTIFICATE OF DEATH
Ma 1	Registration Dist. No. 19
Village or City ///d/ (No.	St.: Ward) (if death occurred in a hospital or institu- tlon, give its NAME in.
2FULL NAME Masler Cal	un Bill stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Jaw 6 , 1937
6 DATE OF BIRTH Oct 28 1862	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That attended the deceased from 1920, to 1923
(Month) (Day) (Year)	that I last saw here alive on
7 AGE	2' '
68 yrs. 2 mos. 8 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work Milly 1 Farmer	Hødgleus Diseas
(b) General nature of industry business, or establishment in	- 14
which employed or (employer)	(Duration) mosde.
9 BIRTHPLACE (State or country) Frederick Country	Contributory Secondary (Durstion) Telegraphic Mos
10 NAME OF Senry Biser	(Signed) M. D. 1923 (Address) Madleton
OF FATHER (State or country) Frederick Co.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sophia Rougahn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Frederick Cu.	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Mrs. Dilga Bittle	usual residence
(Address) Musicessille Mul.	Reformed Cernety Middle 19, 121
Filed all 9 1981 D. Forth January Registrar	Bittle Bras. Myersuille Mrs
If more branks are neoded, address Stato Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Housemaid, etc. If the occupation has been changed ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on 6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Fxhaustion," "Heart tanut,
"Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease valvular heart disease; etc. The contributory

1PLACE OF DEATH	00498 STATE OF MARYLAND
County Trederick	(153) CERTIFICATE OF DEATH
	Registration Dist, No./ 3/
Village or City Monteure Hospital	St.: Ward) (If death occurred a hospital or instit tion, give its NAME i stead of street ar
2 FULL NAME David C. Biser	number-)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Au (7 , 193 (Nonth) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
April 1st., 1.853	192 to acc / 6 , 193
(Month) (Day) (Year)	that I last saw hall alive on and 198
77 AGE 9 mos. 16 ds. or min.?	and that death occurred on the date stated above, at
a OCCUPATION	Septromaia, coursed by ex
(a) Trade, profession or Penna. R. R.	tensia lad sores. Cuto
(b) General nature of industry business, or establishment in Engin inspector	(Duration) yrs. mos 14
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(C) (D) (D) (M) (M) (M) (M) (M) (M) (M) (M) (M) (M
Johnson Biser.	(Signed). Pardemil place
U II BIRTHPLACE OF FATHER Z (State or country) Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Mary Kinna.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE Md.	ients or Recent Residents) At place 2 In the
(State or Country)	of deathyrsmosds. Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Uulsuuli if not at place of death?
(Informant) James a. a. Jones Supt.	usual residence
Me to Mait to Male	Mt. Olivet Cemetery, Fred., Jan. 19, 193
(Address) WANTER TO PROCEED WILLIAM	
15 Filed 19 - January 1981 Dra McCurles	20 UNDERTAKER ADDRESS M. R. Etchison & Son Frederick, Md.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, er," etc., without more present of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—to duties of the Spinner, should be used only when needed. As examples: (a)additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respectful to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrosphulfever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); Spinal meningitis"); *Diphtheria* (avoid Pneumonia"); *Lobor* pneumonia, *Bronchopneumonia* ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease carbolic ocid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. For violent deaths state means of injury "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of death lognus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease (secondary (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by roilway troin-"Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic * volvular heart etc. The contributory disease;

1	N	1		
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		Se .	Ta C	OKO CKD
		(4	}

N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate WITH UNFADING INK---THIS IS A PERMAN MARGIN RESERVED FOR BINDING WRITE PLAY

	PLACE OF DEATH	00433	STATE OF I	MARILAND
	County Frederick		CERTIFICATE	190
	11 1+	(97)	Registration	Dist. No. f. Q. O.
Vil	lage or City Sluplow Woo.		St.: Ward	(If death occurred im a hospital or Institu- tion, give its NAME in- stend of stract end
	2FULL NAME /// Wry /// 1870	wung		number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
Ite	wall Thut Single. Married on Divorced (Write the word)	16 DATE OF DEATH	(Month)	29 , 193 (—(Day)(Year) tended the decessed from
6 1	DATE OF BIRTH ON 1859 (Month) (Day) (Year	May let that I last saw here	allve on	an 24, 103/
-	AGE IfLESS than	and that death occu	red on the date harted	above, at
	1/ yre. 3 mos. 1/ ds. or min.?	The CAUSE OF DEA	TH * was oo follows:	our
	ogcupation (a) Irade, profession or particular kind of work	######################################		
100	(b) General nature of industry	***************************************	(Duration)	0
	business, or establishment in which employed or (employer)	Contributory	·····	
9	BIRTHPLACE (State or country) Armiland.	Secondary	(Duration)	
	10 NAME OF Vom M. Davis	(Signed)	Ernet P. 31 (Address) Mess	Market ma
STAR		*State the Vlolent Caus s, Accidental, Suicida	Disease Causing Deat state (1) Means of 1 or Homicidal.	h, or, in deeths from lnjury and (2) whether
3 A C			ESIDENCE (For lies	pitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) Marylanel,	At place of death yrs	mosds. In f	he lateyrsmosds
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of de	eth?	
	(Informant) Lynn Growing	usuel residence	AL OR REMOVAL	TOTE OF BURIAL
11	Filed Jan 30 193/ Lucian N. Falconor	20 UNDERTAKER	all In	VADDRESS VA.
-	Registras Registras	TOPE	Bolto., Requesting V	. S. No. 1.
11	If more hanks are needed, address State Registre	110 110 110 110 110 110 110		

00400

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Plonler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesemittion is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, whatever, write Nonc. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation Architect, -Coul mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASB CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pagamania, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin : "Cancer" is less definite; avoid atic), "Atrophy" "Collapse," "Corra," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" telanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PJERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJURY cough; " "Marasmus, for malignant neoplasms); Chronic " " Old Age, etc. valvular heart The contributory Measles ; disease;

ICATE OF DEATH
Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
TICATE OF DEATH
onth) (Day) (Year)
That I attended the deceased from to
otto stated above, at
ation)



(Approved by U. S. Census 2nd American Public Health Association.)

er," etc., without more preuse carriers. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

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4	T. C.C.	stated E)	I ceruno
BINDING	WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMAN	N. BEvery item of information should be carefully supplied. ACE should be stated E. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly	s on Dack o
MARGIN RESERVED FOR BINDING	THIS IS A	plied. ACE	Instructions
RESERVE	NG INK-T	refully supr in plain ter	rtant. "see
MARGIN	UNFADIR	ould be ca	very impo
4	ALY, WITH	rmation sh	JPATION 19
	LE CE	m or inco	TOCOL TO TO
	WRIT	Every ite	statemer
1 ON 10 T	7)		

PLACE OF DEATH County 7 rderich	00501 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lox ville (No	St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWCE OR DIVORCE OR DIVORCE (Write the word)	16 DATE OF DEATH Jack (Mouth) (Day) (Year)
6 DATE OF BIRTH LULY 28 , 1863 (Month) (Day) (Year)	that I last saw h maralive on Dec 30, 1931,
7 AGE 7 AGE 1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs, mos ds. Contributory Classes & Mayoca Lles
9 BIRTHPLACE (State or country) 10 NAME OF FATHER School Buldman	(Signed)
VI II BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Seals and Stattlemple 13 BIRTHPLACE OF MOTHER (State or country) Marchan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents) At place of death yrs
(Informant) . Circles M. Buhrman	if not at place of death? Former or usual residence
(Address) Lauts, R. Mo.	Mt Bethel Su- /2 -, 193/
Registrar If more bianks are needed, address State Registra	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 4,

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state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as 'At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation 6 Automobile factory. The material -Coal mine, etc. (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," approved by tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaeniia" (merely symptomcausing death), 29 ds.; L. stated unless important American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. "Exhaustion," (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee Chronic Example: Measles (disease on Nomenclature chopneumonia (secondary), etc. affection need valvular Always qualify all The contributory heart disease; not be

PHYSI-

(Approved by U. S. Census ɛnd American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook; Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many person, irrespective cl Locomolive engineer,

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral in a meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

(letanus) may be stated under the head of "contributory." st_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature

N. B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-MARGIN RESERVED FOR BINDING NLY, TTH UNFADING INK-THIS IS A PERMAN

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o Z	(7	1
>	The Street	

	PLACE OF DEATH	06503 STATE OF MARYLAND
	County Frederick	CERTIFICATE OF DEATH
	& D1	Registration Dist. No. / 3
cate.	Village or City The, Pleased (No	St.: Ward) Oook, St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
rtifi		
l ce	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack o	Finales Colon do Single, Widow down wind with the word)	16 DATE OF DEATH (au) 12 , 1991 (Month) (Day) (Year)
d no sr	6 DATE OF BIRTH Mex - 7 , 1857	17 NI HEREBY CERTIFY, That I attended the deceased from
tior	(Month) (Day) (Year)	that I last saw had alive on NVC , 1992 C
nstruc	73 yrs. 10 mos. 5 ds. or min.	The CAUSE OF DEATH * was as follows:
tant. See Ir	B OCCUPATION (a) Trade, profession or Housewood	Carcinoma of Orrach.
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs 0 mos 0 de
lmpo	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsnosde
very	10 NAME OF Solonow Suesten	(Signed) Otis T3, Hone M. D.
NO	State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
JPAT	of MOTHER Hauwah Peach 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
0000	OF MOTHER (State or Country) Md.	At place of death yrs mos ds. Where was disease contracted,
nt or	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h? Former or usual residence I fully form Many
ac c	(Informant) Visionia Vacana (Address) Liberty town	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL LOVELY DOWN, Med Jaw. 14 1931
65	Filed 13 Jun 19231 Am Registrar	20 UNDERTAKER Powell Liberty town
	If more bianks are beeded, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Exhaustion," "Heart ranger," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

properly stated pe at -THIS supplied term pial in O W DO 3 L 0 0000 00 pinous Every item CIANS sho statement

RESERVED

MARGIN

00504 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be n back WIDOWED. OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from instruction (Day) (Month) (Year) 7 AGE IfLESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) 9 BIRTHPLACE (State or country) ID NAME OF FATHER (Address) II BIRTHPLACE OF FATHER FNA *State the Disease Causing Death, er, In deaths from Violent Causes, state (1) Means of Injury (State or country) and (2) Whether Accidental, Suicidal or Homicidal. 0 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death _____yrs.____mos.____ds. In the OF MOTHER (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?.... Former or usual residence DATE OF BURIAL If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., Physician, Compositor, Architect, business. that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed: as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on home, who are engaged in the duties of the especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first the DIS-EASE ("VUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"; Linhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature American Medical Association.) stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrange, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly (secondary or intercurrent) affection need not be Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital,' "Senile,' etc.), "Dropsy, "Heart failure," "Haemorrhage," Example: Measles (disease contributory

PLACE OF DEATH	00505 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
0 - 1 0 " 1 .	/ Registration Dist. No.
Village or City State Samonalor	Ward) (If death occurred in a hospital or Institution, give its NAME in
2FULL NAME Daniel	avel steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17\ I HEREBY CERTIFY, That I attended the deceased from
July 26 1905	nov 10 19830,0 Jan 18, 1983
(Mon(s) (Day) (Year)	that I last saw hymalive on 1983
7 AGE If LESS than	and that death occurred on the date stated above, at 7:50 Fim.
25 5 22 Iday hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	A Comment Tulucul Min
(a) Trade, profession or Procession of particular kind of work Procession of Seel miles	Jumphany Juvacco &
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstian) mos de
9 BIRTHPLACE (State or country)	Contributory Contributory Lawry guilden Secondary Duration Bris mos da
FATHER David H. Davils	(Signed) Shoffer M. D.
0 11 BIRTHPLACE	Jen 18 198 5 (Address) Julie San all minim
OF FATHER (State or country) Walls	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Minus Jodd.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place 7 C In the 11
(State or Country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) W. a. Yardner	Former or usual residence 4617 Easlern ave. Bally Mg
(Address) State Sanfatorin Ind.	Baltimore Ma Jan 22 1931
15 Filed 1/18 1931 / Colley	20 UNDERTAKER ADDRESS Md.
Registrar	M.J. Mager 11 Murmont
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Baltor, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., wirelaborer, laborer, laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Civil engineer, Physician, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) without more precise specification as Day Compositor, (b) Automobile factory. The material Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-Architect, Salesman, Locomotive engineer, (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inantition," "Marasmus," "Old Age," "Shock, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic etc. The contributory valvular heart disease: of the



15	DIASOS DEATH	00506
EXX (M)	Jackson 1	STATE OF MARYLAND CERTIFICATE OF DEATH
9	a car	177
) Siffie	Will the Man of the Man	Registration Dist. No.
DRL ACI lass	Village or City Co.	St: Ward) (If death occurred in a hospit d or institution, give its NAME i.
EX EX	2 FULL NAME TYPUL (a lina	fulfy bull stead of street and number.)
ratec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF GEATH
N A P S	mali Illale prosperty	(Month) (Day) (Year)
S H B H	6 DATE OF BIRTH	17 HEREBY CERTIFY That I attended the deceased from
A P P P P P P P P P P P P P P P P P P P	(Month) (Day) (Year)	that I last saw h Malive on Servi 9 193/
FOR IS A ACI		and that death occurred on the stated above, at
HIS Hied	86 yrs. 0 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
TYE THE TERM	B OCCUPATION (a) Trade, profession or	- Small oralisis
INK IIIY S IIIY S II S II S	particular kind of work (b) General nature of industry	
REG G In p Itant	business, or establishment in which employed or (employer)	(Duration) Jyrs mos ds.
ADIN ATH mpo	9 BIBIHPTACE (State of Personal Parks)	Contributory Secondary Secondary
H G G	TIO NAME OF CYTHE TO THE	(Dustion) yrs. mos. ds.
MA H UN hould GF L	FATHER COLL //al/3	(Signed) M. D.
T THE	IN BIRTHMACE OF FATHER OF ORGANIAN A STATE OF CONTROL O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
A SEAS	W 12 MAIDEN NAME)	Accidental, Suicidal or/Homicidal.
orm cte	of MOTHER Balbara Ruger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
infi	(State of county) on C	At place In the of deathyrsmosds. Stateyrsmosds.
035	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
T crit	(Informant on is Chimmen) to	Former or usual residence
WRI ery ite	(Address) MML and	Bearen Down Jan 12. 1930
F. 1	15 Filed Jan 10 1931/ Whenfream	20 UNDERTAKER ADDRESS
rai Thi	Registrar	Powell & allaugh Hoodsboro,
> 2	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptated term for the same dise_se. Examples: Cerebrapinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

"("Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcomu, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY or intercurrent) affection need Chronic etc. The contributory valendar heart discose; Nomenclature of the not be

V. S. No. 1.

	06507
PLACE OF DEATH	STATE OF MARYLAND
County Trederick Within the	COPPORATE MINING CERTIFICATE OF DEATH
County	Registration Dist. No. 2/3
Village or City Trutures (No. 376, No. 376, No. 376)	St.; S ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	1-28 1001, 10 1-28, 1021
(Month) (Day) (Year)	that I last saw h, alive on, 192,
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:
yrs. mos. ds. or min. ?	Still free
8 OCCUPATION (a) Trade, profession or	2 44 7 41
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Secondary (Duration)yrs,mosda,
10 NAME OF John T. Dave	(Signed) 6 S N M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother En H. Thompson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Trod. C. M.A.	At place of death yrs. mos. da. In the State, yrs. mos. da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)	usual rosidence.
(Address) Frank mil	6 1 2 1
Filed 3 8 - January 1981 ora McCurly	26 UNDERTAKER ADDRESS
If more blanks are needed address State Recistrar	16 W Saratoga St. Raito, Requesting V. S. No. 1.

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, are,

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at heginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the ocenpation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborerer," ete., Never return "Laborer," "Foreman," "Manager," worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe-For many occupations a single word or term on without more precise specification as Day -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the pissease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homiedal, or State eause for which surgical operation was under-"Puerperal septicaemic." "Puerperal peritonitis," etc. diseases resulting from ehildbirth or misearriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weaknes"." etc., when a definite disease rhage," "Inunition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" "Dropsy," "Exhaustion." "Heart failure." "Haemorvuisions," ary), 10 ds. stated unless important. Example: Measles eausing death), 29 ds.; Bronchopneumonia (secondary or interenrent) affection need not be Chronic interstitial nephritis, etc. use of "Thmor" for malignant neoplasms); (name origin; "Caneer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-The contributory Measles; (second-(disease (merely

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PEATH

06508

STATE OF MARYLAND

County /reducing	Registration Dist, No./ 3/
Village or City annoy Grond. 2FULL NAME Granville (M.	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWES AND OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Ye	I HEREBY CERTIFY, That I attended the deceased from 1921. to 1921. to 1921.
7 AGE 7 AGE 7 AGE 1 If LESS 1 day or reparticular kind of work General Farmer	than and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MA	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER MANY C. Brengle 13 BIRTHPLACE OF MOTHER (State or Country) Frederick Pointy) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informating Granvelle M. Dutrow)	Accidental, Suicidal or Homicial. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death with the State of the More was disease contracted, if not at place of death? Former or usual residence of death? 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
(Address Armony Shone the Sk. lop) 15 Filed 10 - January 1981 Toaf Muchandle	20 UNDERTAKER Carty Trederick Med.

If more blanks are needed, address Syste Registrar, 16 W. Saratoga St., Balte., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housevife*, *House*en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochaner, Farm laborer, Foreman, or At Home, and children, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. Womnot gainfully ent-(b) material Grocery; engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinul fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Puphoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of tetantus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease curbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintaken. can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles American Medical Association.) (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY or intercurrent) affection need Chronic valvular heart disease, The nature of the injury, etc. The contributory Always qualify all

EXACTLY, P stated BINDIN may instructions that CE OH MARGIN RESERVED 99 Important. UNFADING Og 31 ō HOL CAU CIANS should state statement of OCCUP.

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PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE At place of death... OF MOTHER (State or Country (Informant) Filed Registrar

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME In-stead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That Lattanded the daceased and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows:

Secondary *State the Disease Causing Death, or, in deaths from lent Causes, state_(1) Means of Injury and (2) Whether Violent Causes,

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

Where was disease contracted, if not at place of death?

20 UNDERTAKER

If mora branks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation laborer, should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servent, Cooks ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-," etc., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ceretrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by etanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMAN WRITE PL

S. No. 1 5

PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City MUUSLOCK (No. 2FULL NAME KUKKO JONE DE	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. WHOWED OR SWORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Month) (July 192 (Year) (Year
7 AGE If LESS than day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
9 BIRTHPLACE (State or country) Counsures Ad 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Pursures Ad 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) Pursura Nebaulay 13 BIRTHPLACE OF MOTHER (State or Country) Pursura Nebaulay 14 Name of Mother OF MOTHER (State or Country) Pursura Nebaulay 13 BIRTHPLACE OF MOTHER (State or Country) Pursura Nebaulay 14 Name of Mother OF MOTHER (State or Country) Pursura Nebaulay 15 Name of Mother OF MOTHER (State or Country) Pursura Nebaulay 16 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 17 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 18 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Country) Pursura Nebaulay 19 Name of Father OF MOTHER (State or Cou	Contributory Secondary (Duration (Duration (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Addr
(Informant) Bussell E. Syamo. (Address) Bunowick Md. Filed Jan 3 198/ Gns H2 S. Hard. Registral If more banks are needed, address tate Registral	if not at place of deah? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Crus villy 20 UNDERTAKER - A July 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without ... Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer Lee or given up on account of the DISEASE CAUSING DEALE. gaged in domestic service for wages, as Servant, Cook cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocnner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day -Coul mine, etc. Wom-

Strtement of Cause of Death—Name, first, the Disease Courselog Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraginal fever (the only definite synonym is "Epidemic cerebros; in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) carbolic acid-probably sweide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure,
"(Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperutonaeum, etc., Never report mere symptoms or terminal condi interstitial nephritis, by Committee on Nomenclature of the Chronic valvular heart disease, Carcinoma, Sarcoma, etc., of etc. The contributory

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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F	'emale	Wh	nite		WID	OWED. DIVORC te the w	cED ord)		
6 [DATE OF BI	ктн							
			la nua	(Month)		(Day)			376. Year)
In-reaction								(I EC	C .1
7 A	GE						1	fLES:	hr
8 (occupation a) Trade, pr articular kir	rofession ad of wo	or rk			5	1	day	hr
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8 (1)	occupation a) Trade, po articular kin b) General r usiness, or c thich employ	rofession nd of wo nature of establishinged or (er	or rk indust	r)	Hous		ds.	day	hr
8 (1)	occupation a) Trade, pi articular kir b) General r usiness, or c hich employ	rofession ad of wo nature of establishmed or (er untry)	or rkindust nent in nploye	iry	Hous	sewif	ds.	day	hr
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ARENTS 6	OCCUPATION a) Trade, positive and included in the control of the c	rofession and of wo lature of establishinged or (er euntry) ACE HER r country) NAME HER LACE	or rk indust indust in nploye	Md.	House	sewif	ds.	day	hr

06511 (92-0)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 153

Walkersville NAME		ahn	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
L AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE	OF DEATH
White	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word		January (Month)	
January (Month)	6 (Day)	, 1.876 (Year)	17 I HEREBY CERTIFY, That 1 at Cont. 4 1980 to the thet 1 last saw here alive on	3, 11, 19231,
55 yrs. 0	mos. <u>5</u> d	If LESS than I day hrs. or min.	The CAUSE OF DEATH * was as follows:	·····/
ession or of work			Chroning Nahanla	as desians
re of industry blishment in or (employer)	Housewife	**************************************	(Duration)	yıs. mos de.
ry)			Contributory Secondary	
Abraham			(Signed) 191 1/ (Address) Clarks	М. D.
ountry) Md.	•		*State the Disease Causing Death, Violent Causes, state (1) Means of It Accidental, Suicidal or Homicidal.	or, in desths from ajury and (2) Whether
,	Reddick		18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	tals, Institutions, Trens-
R untry) Md.			At place In the of deathyrsmosds. Sta	teyrsmosds.
TRUE TO THE BEST		EDGE	if not at place of deeth?	
M. Glenn	Hahn	0 * o * o * o * * * * * * * * * * * * *	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
) Walkersvi	lle, Md.	***************************************		Jan. 14 , 19 31
141931	10 ~	Registrar.	M. R. Etchison & Son	Frederick, Md.
If more branks are	needed, address	State Registral		

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (hestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Laborer, laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiaal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic. interstitial . nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature telanua) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6		
LYSI:		1 PLACE OF DEATH
P EX	C	ounty Duluch
.0		
CORD XACTLY classifi	Ville	age or City Pearl P.O. Froduch h
T ECO tated EXA roperly cla		2 FULL NAME John R. G. Kan
T tated roper certii		PERSONAL AND STATISTICAL PARTICULARS
PERMANENT PER should be stated E it may be properly on back of certific.	3 8	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
PEH PEH Sho it m	6 D.	ATE OF BIRTH
N A Dar		9-17-,1874
0 = 1	7 AG	(Month) (Day) (Year) If LESS than
KTHIS supplied terms a see instru		56 44 4 Idayhrs.
Bup terr		COUPATION da.lor min. ?
III S	y pi	Trade, profession or uncharticular kind of work
RESERVED ADJING INK e carefully su TH in plain te mportant. See	Ob	o) General nature of industry usiness, or establishment in hich employed or (employer) a lafting. Street
ARGIN RESERVED FOR I'M UNFADING INKTHIS hould be carefully supplied OF DEATH in plain terms so is very important. See instru	photo-photo-	RTHPLACE (State or country)
MARGIN TH UNF should b		10 NAME OF
		FATHER Randolple Deweller
M.Y. Watton 8	RENTS	OF FATHER (State or country) Judinely Country With
M. M. LY, W. M.	PAR	12 MAIDEN NAME OF MOTHER
P. in		18 BIRTHPLACE OF MOTHER (State or country) Fuderich Country MA
11 600	14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
N N N N N N N N N N N N N N N N N N N		(Informant) Davy Nameland Done
W. Every CLAN		(Address) Fredrick ml Route 2/
7 1	15	Jan 23 10 Lucian & Halconer
N 8	P	Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

t:	Ward)	(If death a hospital	or inst	itu-
		tead of number.)		

16 DATE OF DEATH
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
May 30 - 1926, 10 Jan - 21 th, 1923.
that I last saw how alive on for 2, 1023/
and that death occurred on the date stated above, et 2
The CAUSE OF DEATH & was as follows:
Carchial arteriorderous
10001100140101101001401001401010000001000000
##################################
(Duration) 4 yrsmosde
and W' & assuid Turing Newwert
Secondary Secondary
Contributory Kigh artisal Tension Merseuch Secondary Lucy Legisla - Convolsions (Duration) yrs. 6 mos. de
0 11 P
(Signed) Singe Heliggs M. D
1-21-1929/ (Address) James ville Wel.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
ients, or Recent Residents)
At place In the of death yrs. mos, da. State,yrsmosda
Where was disease contracted, If not at place of death?
Former or usual residence
9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Hellint Frederick Mel Jan 23 ,103/
ADDRESS

" more blanks are needed, address State Registrar, 16 W Saratoga St., Baltol, Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). business, that fact may be indicated thus: Farmer (Festate occupation at beginning of illness. If retired from or given up on account of the disease causing diath gaged in domestic service for wages, as Servant, Cook, played, as 44 *chool or At home. Care should be taken whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Kousewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pirsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocetc., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation in the None.

If Cause of Death—Name, first, the pissearm (the primary affection with respect in -Coal mine, etc. Wom-As examples: (a) The material Kuvar iii

Lobar Typhoid fever (never report "Typhoid pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrosping to time and eausation), using always the same accept EASE CAUSING DEATH (the primary affection with respe fever (the only definite synonym is "Epidemic cerebra Standment of Cause of Death-Name, first, the pi pneumonia, Bronchopneumonia ("Pneumonia

tiens adswered in detail, it was proceed and the data is essential and the certificate is permanently filed.

answered in detail, it will prevent further correspondthe data is essential and must be obtained before

went of cause of death approved by Committee on head of "contributory." Nonenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or Poisoned by carbolic acid-probably suicide. The nadiseases resulting from childbirth or miscarriage as If this certificate is looked over thoroughly and all ques-"Puerperal seplicaemia," "Puerperal poritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Iuanition," "Marasmus," "Old Age." "Shock," "Dropsy." "Exhausticn," "Heart failure." vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Con conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Chronic interstitiat nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men (secondary or cause FOR VIOLENT DEATHS State MEANS OF INJURY "(name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or terminal intercurrent) affection need not be Chronic valvulur heart disease; (Recommendations on state-"Haemor Meastes; (seeond-(disease (merely

if more blanks are needed, address State Vagistrar, 16 W. Saratoga St., Balto., Requesting

STATE OF MARYLAND

Registration Dist. No. / 2/

If death occurred in hospital or instituion, give its NAME instead of street and amber.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) I HEREBY CERTIFY. That I attended the deceased from that I last saw h A alive on and that death occurred on the date stated above, a O ... The CAUSE OF DEATH & was as follows:(Duration)yrs.....mos......de. Contributory Secondary 195 /. (Address)..... *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) of death yrsmosda. Where was disease contracted, if not at place of death?.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enployed, as At *chool or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, (a) Foremun, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswho are engaged in the duties of the For persons who have no occupation -Coal minc, etc. Wom-As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Dpidenic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or HOMICIDAL, or taken. For violent bearies state means of injury "PUERPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weekness!" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles State cause for which surgical operation was undervulsious," use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; of cause of death approved by Committee "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Chronic valvular heart disease; (Recommendations on state-"Апаетіа" Measles; (second-(discase (merely "Соп-

If this certificate is to ked over thoroughly and all questions answered in defail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

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	IT ECORD	E should be stated EXACTLY, PHYSI	lat it may be properly classified.
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BINDING	PERMA	should	t it may
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	1PLACE OF DEATH	00514 STATE OF MARYLAND
	County Frederick.	CERTIFICATE OF DEATH
		Registration Dist. No. 130
Vil	llage or City Adamstown (No	St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street a
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 1	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	040400400000000000000000000000000000000	(Year) that I last saw h. Dalive on frag. 3 192, 193
7 /		S than and that death occurred on the date stated above, at
(P (b	CCCUPATION (a) Trade, profession or conticular kind of work Farmer (b) General nature of industry pusiness, or establishment in which employed or (employer)	(Durstion) 72 yrs
9 1	(State or country) Maryland	Contributory Secondary (Durstion)
bypama	10 NAME OF FATHER Thomas N. Harwood.	(Signed) M.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Md.s	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	of Mother Amelia Plummers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
	13 BIRTHPLACE OF MOTHER (State or Country) Md.	At place of deathmosds. Stateyrsmos
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Mrs. Dollie C. Harwood, Adamstown, Md.	Former or usual residence
15	Filed any 16 1931 J. Clyla / Regist	20 UNDERTAKER ADDRESS

/If more branks are needed, addrs.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired inom or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laboret," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material r," etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the Drease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospially fever (the only definite synonym is "Epidemic cerebrospial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1		
PLACE	OF	DEATH

	The dand als	
Ounty.	Frederick	

00515

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Near Lewistown (No	St.: Ward) Compared in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
March 29, 1891 (Month) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from Del J. 1930. to an e. , 1831., that I last saw h wallive on fun (a. , 1831.,
7 AGE If LESS than 1 day hrs. 39 yrs. 9 mos. 25 ds. or min.?	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work Laborer (b) General nature of industry business, or establishment in which employed or (employer) PERTHPLACE (State or country)	(Duration) yrs. mos Z, ds. Contributory Secondary (Duration) yrs. mos ds.
10 NAME OF FATHER Elmer U. Heffner 11 BIRTHPLACE OF FATHER	(Signed) M. D. 1931 (Address) Peath, or, in deaths from
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	- *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) Mrs Bessie L. Heffner (Address) Lewistown, Md. Filed Jan. 7 198 Anna M. Jones	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Mt. Olivet Cem, Fredk, Md. Jan. 9 , 19 31 20 UNDERTAKER M. R. Etchison & Son Frederick Md.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1 6

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an ," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(6)

Statement of Cause of Death—Name, first, the DISEEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Chronic etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is spermanently filed.

If more branks ard needed, address Stays Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instend of street and number.) MEDICAL CERTIFICATE OF DEATH That I attended the deceased .. (Duration)ytn... *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Collon mill; (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomolive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (rewhatever, write None. etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Salesman, (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia");

4

inges, peritonaeum, etc., Coreinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Txhaustion," "Heart Indie, Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Mensles; "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Semile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchojmeumonia (secondary), stated unless important. unqualified, is indefinite); Tiborculosis of lungs, menkelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," 'Trerperal peritonitis," etc. (secondary or intercurrent) affection need not be Chronic interstitud nephritis, embolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by taken. For violent deaths state means of injury approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association. "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; Chronic Example: Meosles (disease "Coma," "Convulsions, etc. The contributory enteular heart discuse; Nomenclature

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(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (o) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screon, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solcsman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Automobile factory. The material Laborer—Coal minc, etc. person, irrespective of (b) Grocery, DEATTH, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebra pinul fever (the only definite synonym is "Epidemic estebuses spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traintaken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; 99 "Heart failure," "Haemorrhage," Chronic valvular heart diseose; nephritis, etc. The contributory Nomenclature not be

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BUREAUV

		PLACE OF DEATH County + rederich	0051
		lage or City Middletown (No.	(15)-6
certificate		2FULL NAME Infant Huffer	***************************************
ert		PERSONAL AND STATISTICAL PARTICULARS	MEDIC
back of c	3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
0	6 [DATE OF BIRTH (Month) (Day) (Year)	17 I HEREB
See instructions	7 A	If LESS than I day hrs. or min.?	and that death occu
- 5	(p	b CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	Congue (E
important.	9 E	(State or country) Maryland	Contributory Secondary
Very		10 NAME OF HOUSE C. Huller	(Signed) / / / / / / / / / / / / / / / / / / /
N O	ENTS	11 BIRTHPLACE OF FATHER (State or country) Maruland	*State the I Violent Causes, s Accidental, Suicidal
PATI	PARI	of MOTHER Grave Meller	18 LENGTH OF RI
OCCUPATION IS		13 BIRTHPLACE OF MOTHER (State or Country) Maruland	At place of deathyrs
statement of	14	(Informant) Longs Puffer (Address) Middletown M.	Where was disease con if not at place of des Former or usual residence
Ste	15	File Dec. 21 198/D. Mayora Square Registrar Registrar	20 UNDERTAKER T, 94, 8 16 W. Saratora St.,

00518 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 132

St.: Ward)	tion, give its NAME in stead of street and
	number.)

-	
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Jan - 20 - 1931
١	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That Lattended the deceased from 18 193/. to from -20 - , 193/, that I last saw have alive on from 19 - , 193/,
	and that death occurred on the date stated above, at
-	The CAUSE OF DEATH * was as follows:
	Congenital heart disease
1	(Blini baken)
1	
	(Duration) yrs. mos. 2 ds.
	Contributory Secondary
	(Signed) W. Hayle Brown M. D. Jam 20 1931 Address) Lefterson M. D.
	*State the Discase Capting Peath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
	Where was disesse contracted, if not at place of deah?
	Former or usual residence
	middletown Md Jan 21. 19 21
-	CT, 94. Gladhill Middlan Md
r	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6- yrs). business, that fact may be indicated thus; Farmer (re-tired 6 urs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Carc should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physicism, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a without more precise specification as Day single word or term on 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train taken: FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart discase; Example: Measles (disease etc. The contributory

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STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 192

Ward)

(If death occurred in a hospital or institu-

LC		tead of street and
	MEDICAL CERTIFICATE OF	DEATH
	16 DATE OF DEATH Jaw	8 , 1931
-		(Day) (Year)
3	I HEREBY CERTIFY, That Cattend	V 21
2	that last saw he alive on	J , 1923/,
an	and that death occurred on the date stated ab	
rs.	1/	
	Chi Valvula Ne	X Area
	(M) Country	
	2	ob 30 f 0 0 d # 0 d + = 0 0 = 0 0 = 0 0 = 0 = = 0 = 0 0 0 0
		visds.
_	Contributory Secondary	900 go
_	(Duration)	yrsds.
	(Signed)	M. D.
-	(Address)	
-	*State the Disease Causing Death, o Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	r, in deaths from y and (2) Whether
1	IB LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents)	, Institutions, Trans-
	At place of deathyrsmosds. In the State	yrsds,
-	Where was disease contracted, if not at place of dea.h?	·····
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	middletour, md. to	m. 10 , 1931
	C. T. D. Hadlill	addletarn Md

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile foctory. The material Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Erhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, Never report mere symptoms or terminal condiinterstitial nophritis, or intercurrent) Chronic valvular heart disease, etc. The contributory affection need not be etc., of

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH B SINGLE SINGLE, Widowed 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. (Write the word) (Month) (Day) HEREBY CERTIFY. That Lattended the deceased from that (Nonth) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: rms 00 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in(Duration) vrs. mos. which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) (Duration) 70 10 NAME OF la. 0 m 11 BIRTHPLACE (n) OF FATHER S 2 HZ State the I is use Causing Death, or, in deaths from AU (State or country) Victent Causes, state (1) Means of Injury and (2) Whether 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME Œ Ö 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transote U2 ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death (State or Country) Where was disease contracted. if not at place of dea h? shou Every Item CIANS sho statement usual residence. If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housenuid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery: man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disea. E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

Recommendations on statement of cause of death approved by Committee on carbolic acid—probably suncide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. American Medical Association.) tetarius) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature not be

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8. No. 1

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Z

PLACE OF DEATH County rederick. Within the Qu	STATE OF MARYLAND CERTIFICATE OF DEATH
0 1. 0 - 4	Registration Dist. No. /3/=
Village or City released better Houghton	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of a street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Audy - 22 4'1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Youth) (Day) (Year)	that I last saw halive on, 192
7 AGE If LESS than I day Uhrs. mos. ds. or frin.?	and that death occured on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General pature of industry	Gemalur
business, or establishment in which employed or (employer)	(Duration) yrs. mps d
9 BIRTHPLACE (State or country) Francy Record	Contributory Secondary
10 NAME OF FATHER Haller F. Hutchins,	(Signed) Dauly Fratill M. F. M. J. 24/3/192 (Address) Milary My
OF FATHER (State or country) Manyland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (!) Means of Injury and (2) whether Accidental, Suicidal or Homicidal,
of MOTHER Miname Hood.	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Maryland,	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Staller P. Andchoos. (Address) Mt. Quiry M.L.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL [Prince Providents, Min : 73-193]
15 Filed 22. January 181 Doaf Mc Quely	20 UNDERTAKER ADDRESS MADDRESS MADDRESS MADDRESS
If more blanks are needed, addross State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. laborer Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Mever return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton will; (a) Salesman. (b) Grocery; emon, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fareman, etc. But in many Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DISCEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrus phulferer' (the only definite synonym is "Epidemic cerebrosianal meningitis"; Diphilieria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lohar phenomonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart I stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Surcoma,, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmoumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms; telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uracmia, "" "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, earbolic ucid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic " "Old Age," "Shock," valeular heart disease; etc. Nomenclature of the The contributory Meusles;

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N. B.--

ti.	* DIA	
	PLACE OF DEATH County or derie	
	County Fr derce	
	0 (-	
Vil	lage or City Centra	
	2FULL NAME	
	PERSONAL AND STA	
3/5	male 4 color or	
6 0	PATE OF BIRTH	
7 A	GE	
B OCCUPATION (a) Trade, profession or particular kind of work		
9 BIRTHPLACE (State or country)		
	10 NAME OF Joshe	
NTS	OF FATHER (State or country)	
ARE	OF MOTHER ELL	
	13 BIRTHPLACE OF MOTHER (State or Country)	
14.	THE ABOVE IS TRUE TO THE	

1PLACE OF DEATH		
County Frderiest		
(5)		
Village or City Central (No.		
2FULL NAME Varah Virginia		
PERSONAL AND STATISTICAL PARTICULARS		
Finale Thite Single, Married, Widow Or DIVORCED (Write the word)		
6 DATE OF BIRTH		
FEb 9 , 1840 -		
(Month) (Day) (Year) the		
7 AGE If LESS than a		
90 yrs. 11 mos. 19 ds. or min.?		
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		
9 BIRTHPLACE (State or country) Md,		
10 NAME OF Joshua Burgess		
11 BIRTHPLACE OF FATHER (State or country) Md.		
of MOTHER Elizabeth Mercies 18		
13 BIRTHPLACE OF MOTHER (State or Country) A of		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) Mus Clara Jones		
(Address) new market, mg		
15 Filed Jan, 29 190/ Walurfuran 2		

If more blanks are needed, address State Registra

06502

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

	St: Ward (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
1	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
-	Jaw. 28, 1938
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	152
	that I have saw if the same on the same of
1	and that death occurred on the date stated above, at 10,000 Hm,
	The CAUSE OF DEATH * was as follows:
1	arthritis Detornais
	arthretes Deformació.
	(Duration) 8 vrs. 3 mos. 0 ds.
	(Duration) O yre o mos O ds.
	Contributory Secondary
	(Duration)mosds,
	(Signed) Obro T3. Stone, M.D.
	Jaw. 28 1934 (Address) Reverly town
(*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
	At place In the of deathyrsmosds.
	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Central M. P. Cemelery Jaw. 20, 1021
	20 UNGERTAKER Powell Liberty power
-	16/W. Chi down S.J. Edd Stitostide. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MARGIN RESERVED FOR BINDING ILY, WITH UNFADING INK--THIS IS A PERMAN WRITE PL

V. S. No. 1

PLACE OF DEATH County Frederick	Registration Dist. No. 13/=
Village of City Frederick (No. 22 Cold	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 19 3/ (Month) (Day) (Year)
6 DATE OF BIRTH Feb 19, 1849	17 I HEREBY CERTIFY, That I attended the deceased from for many years 192 to 192 that I last saw her alive on December 9th, 19736
(Month) (Day) (Year) 7 AGE 8 yrs. 10 mos. 13 ds. or min.?	and that death occurred on the date stated above, at 3:45.76 m The CAUSE OF DEATH * was as follows: Angina Pectoris
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	One-half hour. (Duration)yrs,
9 BIRTHPLACE (State or country) Ohio 10 NAME OF Harrison Walcutt	Contributory Secondary (Dirition) (Signed) (Signed) (M. D
State or country) (State or country)	Jan. 3d, 1973 (Address) Frederick, Jarylar *State the lisease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Serana A. Slyh. 13 BIRTHPLACE OF MOTHER (State or Country) Ohio.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs nos ds. Where was disease contracted,
(Informant) Mors. Edward J. Gale.	if not at place of dea.h?
(Address) 22 - Clarke Place	Mot Olivet Cem Jan 4, 1931. 20 UNDERTAKER 20 UNDERTAKER
Registra	Thomas J. Thee Frederick, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons prihousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The contributory Nomenclature of the

American Medical Association.)

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Conley

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken ." etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

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E M	Z S	County Freder

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important.

00525

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Near Lewisto	Wn_(No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
L AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
color or RACE White	SINGLE. MARRIED, MATTIOD WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH January (Month)	
Fedruary (Month)	5,th. , 1.856 (Day) (Year)	I HEREBY CERTIFY, That Lat that I last saw he alive on	tended the deceased from
	If LESS than I dayhrs.	The CAUSE OF DEATH & fra of follows	d above, at 5. 30Pm.
of work re of industry blishment in	ewife	Mitted Outsion)	ye moy de.
or (employer) ^(y) Marylan		Contributory Contributory Secondary (Dufajon)	Lyrs mos 30 ds.
John Korre	11	(Signed)	M. D.
ountry) Germa	ny.	*State the Disease Causing Death, Violent Causes, state (1) Means of it Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
	h Sherman.	16 LENGTH OF RESIDENCE (For Hospilents or Recent Residents)	
unu))	many	of deathyrsds, Sta	iteyrsmos,ds,
	OF MY KNOWLEDGE	if not at place of death?	
Mrs. Albert New Marke		Mt. Olivet Cem., Frederick	Jan. 6, , 1931
0//	ma M. Jones Registrar	M. R. Etchison & Son	ADDRESS Frederick, Md.
if more branks are	needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

DEATH ick Village or City Near Lewistown (No. 2FULL NAME Mrs. Mary Korrell Kli PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, Married WIDOWED. Female white OR DIVORCED (Write the word) 6 DATE OF BIRTH Fedruary 5.th. (Month) (Day) IFLESS 7 AGE I day... or. 8 OCCUPATION Housewife (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER John Korrell 11 BIRTHPLACE PARENTS OF FATHER Germany. (State or country) 12 MAIDEN NAME OF MOTHER Elizabeth Sherman. 13 BIRTHPLACE OF MOTHER Germany (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Mrs. Albert S. Wiles. (Informant)

(Address)

15

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, especially in industrial employments, it is neces-For many occupations a or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material single word or term on Coal minc, etc. Womalso (b) the

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Careinoma, Sarcoma, etc., ol American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whooping (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronie valvular heart disease; etc. The contributory Always qualify all Measles;

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No.

32

10

PLACE OF DEATH _ work	STATE OF MARYLAND
County Feedlick	CERTIFICATE OF DEATH
/ V :00	Registration Dist. No. 14/
Village or City Juny ville (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and
2FULL NAME ///ARY COLLEN LE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEK 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWER OR DIVORCED (Write the word)	16 DATE OF DEATH 29 , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year)	that I last saw he alive on alive on 1993
7 AGE If LESS than I day	and that death occurred on the date sated above, at 250 m.
90 yrs. mos. ds. or min.?	augena, Violare
B OCCUPATION (a) Trade, profession or particular kind of work	<u> </u>
(b) General nature of industry	(Duration)
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary Duration Jyrs a mos de
10 NAME OF FATHER	(Signed) / 2791 / VILLY M. D
11 BIRTHPLACE Carrey	Mu 3/ 923 (Address) - Deus welt My
OF FATHER (State or country) Seland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Fallon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
711-1 /2 / 1/1	Former or usual residence
(Address) Junxille MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Jan 31 1921 Mrs 45. Hellis	20 UNDERTAKER) ADDRESS MA
If more b.anks are needed, addre.s Ltate hegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective ci fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (te or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. to report specifically the occupations of persons err" etc., For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, -Coul mine, etc. Wom-Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the Drake EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. See Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,")

permanently filed.

Itelanus) may be stated under the head of "contributory." an carbolic acid-probably suicide. The nature of the injury (Recommendations on statement of cause of death If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the late is essential and must be obtained before the certificate is as fracture of skull, and consequences (e.g., sepsis, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Inanition, (secondary or intercurrent) affection need Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, " "Marasmus, " "Old Age, " "Shock, Chronic "," "Coma," "Convulsions," valvular heart disease; etc. The contributory not be etc., of

statement

N. B.

Exact

	PLACE OF DE	ATH			
	County Frederic	1			
Vil	lage or City Mior	**************************************	No. 7	T. D. 7.	set ac
	² FULL NAME		beth s	ren	No.
	PERSONAL AND	STATISTI	CAL PART	ICULA	RS
3 5	f o no	r OR RACE	SSINGLE, MARRIED WIDOWED OR DIVOR (Write the	CED	egle,
6 1	DATE OF BIRTH				
	•	(Month)	7 = 19 (Da)	· - · · · · · · · · · · · · · · · · · ·	1930 (Year)
7 /	AGE	4	18	1 d	ESS than ay hrs.
D'm	b) General nature of in susiness, or establishme which employed or (emp BIRTHPLACE	nt in		***************************************	7a 100a 0 400 a 0 40 0 0
	(State or country)	Mary,	land	,	
	10 NAME OF FATHER	Seinj.	hon	9.	
NTS	OF FATHER (State or country)	Fra	uglas	ca,	d
PARENTS	12 MAIDEN NAME OF MOTHER	Bessi	le fre	15,	
	13 BIRTHPLACE OF MOTHER (State or Country)	ijea	u,la.	2.	
14	THE ABOVE IS TRUE T	O THE BEST	OF MY KNO	WLEDG	E
	(Informant) 6.	Denj	Lone	9.,	
-	(Address) Ti	d. Me-	· Curjo	111	1,
15	Filed Jan 7	1031 7	V2 Cu	1/20	rau,

00527

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 137

St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH \$314 = 7 = , 1934
(Month) (Day) (Year
17 I HEREBY CERTIFY, That I attended the deceased f
that I last saw har alive on the last saw har 192
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was sefollows: Branchise Fellusionis
(Durstion) yrs. mos. Z
Contributory Cory Supello Question) yrs. (mos. / 1)
(Signed) C. M. Van took N. Man took N. Man Took N. M. Man Su
*Sfate the Disease Causing Death, or, in dotths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)
At place In the of death yrsmosds. Stateyrsmos
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
20 UNBERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

Registrar

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; if nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the pisse EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The nature of the injury, stated unless important. American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease or intercurrent) Chronic Example: Measles (disease affection need not etc. The contributory valvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-Statement of OCCUPATION is very important. See Inctinuous or hack of certificate. Exact RECORD LY, WITH UNFADING INK--THIS IS A PERMANE, MARGIN RESERVED FOR BINDING WRITE PLAN V. S. No. 1

PLACE OF DEATH	06528 STATE OF MARYLAND
County Fled	CERTIFICATE OF DEATH
P. 10 1.1	Registration Dist. No. 137
Village or City/WMLL No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
TOLL NAME TOUR	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1 9 631	921 \$6 , 192
(Month) (Day) (Year)	that I last saw h alive on , 192 ,
7 AGE [If LESS than	and that death occurred on the date stated above, at
l day thrs.	The CAUSE OF DEATH * was as follows:
yrs, mos, ds. or /min.?	
8 OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) vie. mos ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary (Durayon) / yis mos ds.
10 NAME OF July D forgenerker	(Signed)
IN DIRTHPLACE OF FATHER OF FATHER	1925 (Address) (Mary) Mary (M)
C OF FATHER (State or country) 12 MAIDEN NAMELY)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hence Virginia mile	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OF MOTHER	At place of death yrs, mos, ds, State yrs, ds,
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
al Lase Mr. C.	Former or usual residence
(Informant) TWY W THE PARTY OF	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) fluon fruzy FTN	ou farier Jan. 8. 131
Filed Jace 7 1931 MA Curfeccas	Description of Selection of Selection
	16 W Santon St Balto Requesting V S No. 1
If more planks are needed, address state Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired troin ployed, as At school, or At home. Care should be taken Spinner, should be used only when needed. As examples: (a) sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Former (reto report specifically the occupations of persons enlaborer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coul minc, etc. Wom-(b) Cotton mill; (o) Salesmon. without more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation-(a) the kind of work and also (b) the (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISL EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) "PUERPERAL sopticaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, pertionoeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomapproved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular etc. The contributory Nomenclature Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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PLACE	OF DEA	АТН			
County Fr	ederick	,			
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			V.		W. Fi <u>fth</u>
PERSO	NAL AND	STATIST	ICAL PA	RTICU	LARS
	4 COLOR	OR RACE	WIDO! OR DI	WED. WILL WED.	
DATE OF BI	RTH	July (Month	anh	(Day)	, 1 901 (Year)
GE	29 yr	8	mos	de.	If LESS than I day hrs. or min.?
a) Trade, p articular kir o) General r usiness, or	rofession or nd of work nature of in establishmer	dustry nt in	wife		
		Maryla	nd.		
		H. Baugl	ner.		
OF FATI	HER	Md.			
		ary Rems	sburg.		
	PERSO OATE OF BIT OF FATI (State of 12 MAIDE 12 MAIDE COUNTY FT PERSO OATE OF BIT OATE OF BI	lage or City Frede 2FULL NAME PERSONAL AND SEX 4 COLOR COMPATION a) Trade, profession or articular kind of work obsciences, or establishmer which employed or (employed or (employed or (employed or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME	PERSONAL AND STATIST SEX 4 COLOR OR RACE CHARLE White DATE OF BIRTH July (Month) GE 29 yrs. CCCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) HIRTHPLACE (State or country) 10 NAME OF FATHER Wm. H. Baugh 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	County Frederick. County Frederick (N V. V.	County Frederick, lage or City Frederick V. 2FULL NAME Mrs. No. omi McDevi PERSONAL AND STATISTICAL PARTICULAR Cemale White Single, Married, Wildowed, OR DIVORCED (Write the word) DATE OF BIRTH Carleson July (Month) (Day) GE 29 yrs. mos. ds. CCCUPATION a) Trade, profession or Housewife articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) HIRTHPLACE (State or country) Maryland. 10 NAME OF FATHER Wm. H. Baughere 11 BIRTHPLACE (State or country) Md e (State or country) 12 MAIDEN NAME

Md.

Frederick, Md. R. D.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

13 BIRTHPLACE OF MOTHER

(State or Country)

(Address)

Filed 24 -

(Informant) John Baugher,

Within the Coulons

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(if death occurred in a hospital or institu-tion, give its NAME In-stead of street and

MEDICAL	CERTIFICATE	OF DEATH
16 DATE OF DEATH	Jan. 231	rd. , 1931
**************************************	(Month)	(Day) (Year).
17 I HEREBY CE	RTIFY, That I a	ttended the deceased from
	.192 to	, 192.
hat I last saw hal		
and that death occurred	on the date state	ed above, at de
THACAUSE OF DEATH *	tas as follows:	
		·····
		u to
Ideast N	celva	
	(Duration)	0 1
***************************************		yremos
Contributory		
(1 (Dutation	
Signed)	121 AU	cishes M.
7		ad God d
1-2 4 1907 (A		ua. //u
*State the Disease Violent Causes, state Accidental, Suicidal or H	Causing Deatl (1) Means of omicidal.	h, or, in desths from Injury and (2) Whether
8 LENGTH OF RESIDE		
ients or Recent Resider		0 1
t place f deathyrsmos	de. In the	he tested mos
Where was disease contracted not at place of death?	d.	
ormer or sust residence	mom a omac a conse se o se o como o comb o 8 2 tra b	1980 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9 PLACE OF BURIAL OF	REMOVAL	Jane 26, 31
14 01 1 1 0	torr Fred	, 19
Mr. Olivet Geme	CETA TITERA	
Mt.Olivet Cemer	cer y rece	ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, r," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Laborerwithout more precise specification as Doy (b) Automobile foctory. The material Solesman. -Coal minc, etc. Wom-(6)

spinal meningitis"); Diphtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemic cerebro to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cerebrospiza pneumonia, Bronchopneumonia ("Pneumonia,

4 permathently filed.

If this certificate is looked with an answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in data is essential and must be obtained before the certificate in approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Mcasles (disease etc. The contributory Measles; of the

WRITE PLANCY, WITH UNFADING INK-THIS IS A PERMAN

V. S. No. 1

	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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	Every item of information should be carefully supplied. ACE should be stated EXACTL CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classificate statement of OCCUPATION is very important. See instructions on back of certificate.	
1	N. B.—Every Item of Infordation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
1	Z Z	

PLACE OF DEATH County & Medical County	STATE OF MARYLAND CERTIFICATE OF DEATH
0++0	Registration Dist. No.
Village or City Sale Samue Lorun	Ward) (If death occurred in a hospital or Institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 25, 19131 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nov 23, 1874	5 1983 to 5 1983
(Month) (Day) (Year)	and that death occurred on the date stated above, at 2:30 Am.
5 / 9 7 I dayhrs.	The CAUSE OF DEATH * was as follows:
b occupation	Research Tuber Cultivis
(a) Trade, profession or particular kind of work	1 x x x x x x x x x x x x x x x x x x x
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrsde.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) To Joseph de.
FATHER Charles L. Meister	(Signed) 1 1 1 2 3 (Address) Late Sana orum M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sliggbeth Ryder	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Marwand.	At place of death yrs mos 20 ds. In the Life time ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wa. Gardner	Former or usual residence 2601 Pennsylvanama ave. ma
(Address) State Sangtonin My	Dating My, Date of Burial underwun
15 Filed 1924 Registrar	M-L. Creager Thurmont
If more bianks are needed, addresa State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

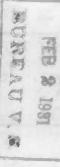
(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." stated unless important. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

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V & No. 1

II .	0.0531
PLACE OF DEATH	STATE OF MARYLAND
County theolerick	CERTIFICATE OF DEATH
7/	Registration Dist, No.
Village or City Trealering (No. Trealers	tion, give Its NAME in-
2FULL NAME GUNN CEWER	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRED WIDOWED. Maried OR DIVORCED (Write the word)	16 DATE OF DEATH January 31st (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
9 13 1886	Jan. 26th 19231 to Jan. 31st ,1923;
(Month) (Day) (Year) 7 AGE 44yrs. 3 mos. /8ds. or min.?	that I last saw h im alive on Jan. 31st, 19231, and that death occurred on the date stated above, at 5.730 Pm. The CAUSE OF DEATH * was as follows: Bronchial pneumonia
B OCCUPATION (a) Trade, profession or B	
(h) Conseel nature of industry	
(b) General nature of industry business, or establishment in B+O Railroad which employed or (employer)	(Durstion)6ds.
9 BIRTHPLACE (State or country) Ohio	Contributory Secondary 9/(about)
10 NAME OF Charles Meses	(Signed) M. D.
0 11 BIRTHPLACE	Feb. 2d, 19231 (Address) Frederick, Maryland
Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Leving Coole	IB LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of death yrs mos. 4 ds. In the Life mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
ash the Glenn Olive Mercer	Former or usual residence
(Address) W. 4 Theolens My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ALL July Frederick My Fiel 3, 1931
15 Filed 3 - February 1981 Da McCurly	20 UNDERTAKER Carry Frederich Mil.
If more blanks are needed, addre.s : tate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more present mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salcsman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to c.ch and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia acceptos, inal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," "Lobar pneumonia, Bronchopueumonia ("Pneumonia,"

"(E:haustion," "Heart lauure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronicetc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

PLACE OF DEATH	STATE OF MARYLAND
County 7 MANAGE CORPOR	ATE LIMITS OF CERTIFICATE OF DEATH
Course of many fresh to be to the land of the state of the second	(IET)
1) 000	Registration Dist. No.
Village or City Mother (No	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME arnold Hamilton	Merrysian tion, give its NAME II - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
1. / WIDOWED.	Mylleny (0, 195)
Male white (Write the word)	(Moth) (Day) 3 (Year)
6 DATE OF BIRTH	17 HEREBY ERTIFY, That I attended the deceased from
De 1 28 930	2 9 193/ to 900 6 , 1928
(Month) (Day) (Year)	that I last saw him alive on 1925.
4(1 COO. 1	A .
7 AGE IILESS than I day	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	
8 OCCUPATION	n'000/7. VID
(a) Trade, profession or particular kind of work	SALMOTURO BUTA MUNCIA
(b) General nature of industry	
business, or establishment in	(Duration) yrs. mgs ds.
which employed or (employer)	Contributory Contributory
9 BIRTHPLACE (State or country) MCO	Secondary (Duration) (mos de. de.
TO NAME OF A COM HICOMAN	The Malling NAME of the
FATHER. CIT Relucionan	
11 BIRTHPLACE	(Address)
OF FATHER (State or country)	*State the Viscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
U 12 MAIDEN NAME 7 // A 1	Accidental, Suicidal or Homicidal.
of MOTHER Total menter	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trummients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
a bot Mas.	Former or usual residence
(Informant) Miller Miller Miller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Will Humanillo Mill.	11 :00 med Jan 7 :31
(Address) AND XXVIII	AND WILL MAN ADDRESS
15 Filed Jan 7 195/ My. N.S. Judis	26 UN PERTAKER ADDRESS
Registral	WINDIST Van Dunounce me
If more b.anks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e ch and every person, irrespective ci fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully embusiness, that fact may be indicated thus; Farmer (re report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Sulesman. (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

> American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, earbolic acid - probably suicide. The nature of the injury, approved by Committee on Nomenclature (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Taemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLAC	E (OF	D	E	A	TH

County Frederick	



STATE OF MARYLAND CERTIFICATE OF DEATH

			12/
Registration	Dist.	No.	04

Village or City Near Frederick (No	R. Z.B	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in-
2FULL NAME Mrs. Carrie Virgi:	nia Miller.		stead of street and number.)

2F	ull name Mrs. C	arrie Virginia Mill	er.	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
female	4 COLOR OR RACE White	single married MARRIED Married WIDOWED. OR DIVORCED (Write the word)	January 2 (Month)	nd •
DATE OF B	November	23, 1864	17 I HEREBY CERTIFY, That I a Dec.8th.1930 192 to Jan that I last saw her alive on Jan	ttended the decessed from 2d, 1931, 192
/ AGE	(Month)	(Day) (Yesr) If LESS than I dayhrs mos. 9 ds. or min.?	and that death occurred on the data state. The CAUSE OF DEATH * was as follows:	12.
(b) General	profession or House ind of work House nature of industry establishment in	wife	Chronic endocarditi	***************************************
which emplo	oyed or (employer) E Country) Maryland		(Signed) (Address) Fred	wie mos de.
OF FAT		and.	*State the Disease Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
12 MAIDE OF MO	ther Mary He	imilton.	18 LENGTH OF RESIDENCE (For Hospitants or Recent Residents)	
13 BIRTH OF MO		nd.	At place in the	he Life mos de
	Mr. WM. F. Mi		if not at place of death? Former or usual residence Yuan Huld	uik
	ht) Mr. WM. F. Mi Frederick,		Mt.Olivet Com., Frederick	Jan. 5, 19.31
Filed 3-	anney 192/ da	Lucarely Registrar	20 UNDERTAKER M. R. Etchison & Son	Frederick, Md.

If more branks are needed, addrasa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. R. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of to report specifically the occupations of persons en household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIST.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid—probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic etc. The contributory affection need valvular heart disease; not be

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N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING ALY, WITH UNFADING INK-THIS IS A PERMAN

PLACE OF DEATH County Firederiels	93-a STATE OF MARYLAND CERTIFICATE OF DEATH Registration Diet. No.
Village or City Thurson (No	St.: Ward) (If death occurred in a hospital or Institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White single, widower or provide with the word)	16 DATE OF DEATH January 25 av 124,01931 January (Month) 23 (Day) 193/ (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw ham alive on Jam 23 131 192/
7 AGE If LESS than	and that death occurred on the date stated above, at 1914 Arm
8 7 yrs. 0 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession or leturan of bereil particular kind of work	acute mys carditis
(b) General nature of industry business, or establishment in which employed or (employer)	Bronchites (Durstion) vrs. mos 25 ds Contributory Bronchiter Sicult
9 BIRTHPLACE (State or country)	Secondary Myorardetizacultizac
10 NAME OF FATHER andrew Miller	(Signed) 4. D. S. Moreny M. D.
IN BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Calbaren Frunk	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
danilla miller	Former or usual residence.
(Address) January (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Thurmonh And fan 1.8 193.
Filed an. 27 192 / Suma M. Pouls Registrar	Willhide + Creeger Thurmont
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Sequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., with laborer, inharer, Farm laborer, in whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. Laborer-Coal mine, etc. Worn-Salcsman. (b) The material Grocery;

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> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature

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BINDING

FOR

MARGIN RESERVED

CORD PERMAN A WRITE PLANLY, WITH UNFADING INK--THIS IS

Villa		Frederick		Clark Pla		St.:_	Registration 1	06 4	occurre l or ins its NAM street
	PERSOI	NAL AND STATIST	ICAL PARTICU	LARS	ME	DICAL CEF	RTIFICATE	OF DEATH	4
3 SE	x	4 COLOR OR RACE White	SSINGLE, MARRIED, MAIN WIDOWED, OR DIVORCED (Write the word)		10000000000000000000000000000000000000			(Day)	(Yea
6 DA	ATE OF BIR	September (Month	5, (Day)	, 1885 (Yesr)	that I last new h	192	Y, That 1 att	704	, 19
		45 yrs. 4	mos. 6 ds.	or min.?		1 Ry	tetu	3	
(a) par (b)	rticular kin) General n	rofession or House nd of work House nature of industry	ew <u>ife</u>		gna				
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(a) pai (b) bu: wh	Trade, printicular kin) General minicular kin siness, or enich employ RTHPLACE (State or co	refession or House and of work House the House	a1111111111111111111111111111111111111		Secondary (Signed)	Int	(Duration)	July 10	mos
(a) pair (b) bu wh	Trade, printicular kin) General mainess, or emich employ RTHPLACE (State or co 10 NAME C FATHER 11 BIRTHPI (State or	refession or House and of work House at the first term of industry establishment in eyed or (employer) Maryland Thomas J. G LACE HER Md.	urley.		(Signed)*State the Violent Cause Accidental, Sui	(192) (Addre e Disease Co s, state (1) cidal or Homic	(Durstion) (Daysing Death, Means of Irridal.	or, in onjury and	moslesths fr.(2) Whetl
PARENTS (a) ban (b) pn wh	Trade, printicular kin) General name of the siness, or each of the siness or each of the siness of t	refession or dof work House at the first House of industry establishment in eyed or (employer) House or (employer) House or (employer) House or (employer) House or eountry) NAME HER HOMBE W. PLACE HER Md. PLACE HER Md.	urley. Bratemark		*State the Violent Cause Accidental, Sui 18 LENGTH OF ients or Recer At plece of death	(Address Disease Cos., state (1) cidal or Homic RESIDENCIAL Residents)	(Durstion) Causing Death, Means of Ir idal. E (For Hospi In the Sta	or, in on indicate the Library	lesths from (2) Wheth
PARENTS (a) ban (b) pn wh	Trade, printicular kin) General name of the siness, or each of the siness or each of the siness of t	refession or defended from the following of the following	urley. Bratemark T OF MY KNOWL Y, Sr.	EDGE	(Signed) *State th Violent Cause Accidental, Sui 1B LENGTH OF ients or Recer At place of deathyrs	(Addresse Cost, state (1) (Addresse Cost) (Addresse Cost) (Addresse Cost) (Addresse Cost) (Addresse Controcted, death)	(Durstion) Causing Death, Means of Ir idal. E (For Hospi In the Sta	or, in on tale, Inetit	lesths fr. (2) Whetl

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day -Coal mine, etc. Wom-

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BINDIN

FOR

RESERVED

MARGIN

V. S. No. 1

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMAN A S WITH UNFADING INK--THIS WRITE

1PLACE OF DEATH	STATE OF MARYLAND
County Frederick	00530 CERTIFICATE OF DEATH
	Registration Dist. No. / 3 3
Village or City Walkersville (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Joseph Her	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala White (Write the word)	16 DATE OF DEATH OM 27
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [lfLESS than	and that death occurred on the date stated above, at
(54 7 3 day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
(a) Trade, profession on 7	(Migma) fletario
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yra,mosda,
9 SIRTHPLACE	Contributory
(State or country)	(Duration) yts,mos,ds.
10 NAME OF) 1 00	(Signed) 6 1 al, Stult M. D.
FATHER Nicholas Shoffer	9an 128 1931 (Address) Woodsbary Mid
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME A	Accidental, Suicidal or Homicidal.
of MOTHER Clys My Muss	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
martin muss	Former or usual residence
(Informant) Cut for the contract of the contra	10 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Alkerson L. M.	Wica Jan 31, 1931
15 11 103/	20 UNDERTAKER ADDRESS
File Sen 1933	Uld creageron thurmans
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from cases, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) business, that fact may be indicated thus; Furner (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation not gainfully em-(Frocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria "avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perstonitis," etc. "Debility" ("Cougenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease approved letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condiinterstitial nephritis, name origin; "Cancer" is less definite; avoid cough; by Committee on Nomenclature or intercurrent) Chronic etc. The contributory affection need valvular heart discase; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 12/-
St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) 2 (Day) /936 (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from ARRE 28 1980 to Jenne 2 , 1923
and that death occurred on the date stated above, at 5.23 Am. The CAUSE OF DEATH * was as follows: Careless Theorem & Municipality
Contributory Secondary (Duration)yrsmosds.
(Signed) *State the l'isease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs mos ds. In the State mos ds. Where was disease contracted, it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fairwiew loss for day, 1931.

(Approved by U. S. Census and American Fublic Health Association.)

age. For many occupations a single word or term on fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. none en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Foreman, yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) The ques-Grocery,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death approved by tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E chaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

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Dr. Gydon

PLACE OF DEATH

STATE OF MARYLAND

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(2) Whether

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation er," etc., without more recover. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Physician, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on Compositor, Architect, (a) the kind of work and also (b) the (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart fauure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) (secondary "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic valvular heart disease, Carcinoma, Sarcoma, etc., of etc. The contributory

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PLACE OF DEATH STATE OF MARYLAND County Frederic CERTIFICATE OF DEATH Registration Dist. No.Ward) (If death occurred in a hospital or institution, give its NAME in-O EX stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH of 3 SEX 4 COLOR OR RACE 5 SHIGE 16 DATE OF DEATH be MARRIED. WIDOWDD OR DIVORGE may n bac pinou Write the word) HEREBY CERTIFY, That 1 attended the deceased on 6 DATE OF BIRTH that nstruction (Month) (Day) (Year) and that death occured on the date stated above, at 7 AGE IIf LESS than supplied I day hrs. The CAUSE OF DEATH * was as follows: term OCCUPATION (a) Trade, profession or plain particular kind of work (b) General nature of industry business, or establishment in insporta which employed or (employer) (Duration) Contributory 9 BIRTHPLACE Secondary (State or country EA 0 10 NAME OF FATHER BIRTHPLACE (Address) RENTS OF FATHER the Disease Causing Death, or, In (State or country) Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, state SCUP/ ients or Recent Residents) 18 BIRTHPLACE At place In the OF MOTHER of desth yrs mos. ds. (State or country) Where was disease contracted, if not at place of death? CIANS sho statement Former or usus residence. If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No/1.

RESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; cupation is very important, so that the relative health sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., first line will be sufficient, c. g., Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, without more precise specification as Day who are engaged in the duties of the (b) Automobile feetory. The material

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Lamples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus,
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarconu,, etc., ef (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonilis, causing death), 29 ds.; Bronchopneumonia (secondary), carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as Whooping approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature disease;

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Mas fracture of skull, and consequences (e.g., sepsis, telunus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-It this certificate is looked over thoroughly and all quistions perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condietc. The contributory

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Dr. Bourne

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of Information should be carefully supplied. ACE should be stated EXACT iid state CAUSE CF DEATH in plain terms so that it may be properly class foccupation is very important. See instructions on back of certificate.
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V. S. No.

sc.	PLACE OF DEATH	STATE OF MARYLAND
EX	County Frederick	CERTIFICATE OF DEATH
ed.	11114	95-0 Registration Dist. No./92
assifle e.	Village or City Middle Care No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in-
EX Iy cl	2FULL NAME Mary and	Telder tion, give its NAME in- stead of street and number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ald be stay be property of	The mule White SSINGLE, MARRIED, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), (Day), (Year)
ould may n ba	6 DATE OF BIRTH AL	17 I HEREBY CERTIFY, That Lattended the deceased from
plied. ACE shorens so that it minstructions on	October 15. 18 14	192 to 198, that I last saw h alive on 2 7 , 198,
so th	7 AGE [If LESS than	and that death occurred on the date stated above, at //m,
led.	86 yrs. 2 mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
sup n te	B OCCUPATION (a) Trade, profession or particular kind of work (b) Labor	
in plai	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
EATH I	9 BIRTHPLACE (State or country) Manual	Contributory Secondary (Duration)yrs,mosds.
F Divery	10 NAME OF FATHER William Blar	(Signed) M. D. M.
CAUSE C	of FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
e C	of MOTHER Selection Test	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Stat	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
item s sho	(Informant) Charles Gillder	Former or usual residence
Every item CIANS sho statement	Middletown, mid	middletown md an 10. 1.30
H	15 Fil Que 16th 1981 D. Graymo Secures.	C. T. 12 Gladhill middle Town?
ż	If more branks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever write Nonc. tired 6 grs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servan, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physicium, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-6 Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE (10SING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiaal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

> tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all quastions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

	0.0542
PLACE OF DEATH	STATE OF MARYLAND
County Trederick	CERTIFICATE OF DEATH
County guilland	(23)
1 4 7/	Registration Dist. No.
Village or City tate Sanalorum (No.	St.: Ward) (If death occurred in
2FULL NAME Wa James G Roc	Gers tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 26 , 193 ((Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	June 3 1930, to Jan 26 , 1321
(Month) (Day) (Year)	that I last saw h imalive on Jan 26 181.
7 AGE	1
l day hrs	and that death occurred on the date stated above, at 4.15 m. The CAUSE OF DEATH * was as follows:
3 / yrs. 8 mos. 26 ds. or min.?	Pulmonary Interculosis
a OCCUPATION (a) Trade, profession or	
particular kind of work Ohipsing Clork	
(b) General nature of industry	
business, or establishment in Coffee company	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Duration) yrs mos de.
FATHER Patrick Rodgers	(Signed) Courage M. D.
11 BIRTHPLACE OF FATHER	Jem 26 1913 (Address) Lake Satialoum M
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Minnie F Gell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place - > In the Cefature
OF MOTHER (State or Country) Waryland	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wa Gardiner	Former or usual residence 501 Woodlann ad Ball Wal
ATA O AI MI	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hate Lamp Journe Nd	Ballemore Wid unknown
15 Filed / 76 196/ 196	20 UNDERTAKER ADDRESS
Filed / 6 Registrar	IN I Creater Thurmont Md

If mora bianks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Raquesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> stated unless important. Example: Mcasles (disease approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) affection need not be cough; Chronic etc. The contributory valvular heart disease; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prepare territor correspondence. All the data is essent and must be out of effective certificate is permanently field.

BURLAU V. S.

Every item CIANS sho statement

PLACE OF DEATH .

16 DATE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

St.:	Ward)	(If death or a hospital or tion, give its stead of st	r institu NAME ir
		number.)	

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED.

OR DIVORCED

(Write the word) 6 DATE OF BIRTH (Year) (Month) If LESS than 7 AGE I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER ARENT (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

***************************************	XIIII,	120		1302	0 0
**************************		(Month)	(Day)	(Year)	
				deceased from	21
	192		au 12	190	
hat I hast saw h	ly alive	on Xall	. 11	1,2/	
nd that death o	ccurred on t	he date ata	ted above, at	5 sp. n	1
he CAUSE OF D					•
Muxacas	ditis	Chra			- Dayle

		(D:)	10	6son:	
		(Duration)	yra	Inos	This
Contributory Secondary			•••,•,•••••••		- 100
	g.	(Duration)		mos	ಕ
Signed) Va	me S	may /		C),
X04137	(Addre	50	rugert	- The	
#State the	Disease (lausing Dea	th. or. in	deaths from	
Violent Causes	, state (1)	Means of	Injury and	(2) Whether	
B LENGTH OF			spitals, Inst	itutions, Tran	6
ients or Recen					
At place of deathyrs	mos	ds.	the Stateyrs.	mosd	a

Villian Grube

usual residence

Where was disease contracted, if not at place of dea.h?.....

19 PLACE OF BURIAL OR REMOVAL

If more bianks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servan Cook definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (ncployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of person household only (not paid Housekeepers who receive a Physician, Compositor, Architect, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as Day For persons (b) Automobile factory. The material Laborerwho have no occupation single word or term on -Coal mine, etc. Wom-Locomolive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the bis-EALT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature tethnus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury. receident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all quistions "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condicough; "" "Weakness," etc., when a definite disease or intercurrent) Chronic ," "Coma," "Convulsions," valvular heart etc. The contributory affection need not be disease; etc., of

V. S. No. 1

PLACE OF DEATH County Frederick	00544 STATE OF MARYLAND CERTIFICATE OF DEATH				
	Registration Dist. No. 144				
Village or Cityly Rocky Response	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and				
2FULL NAME Sull born	number.)				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)				
6 DATE OF BIRTH	17 ICHEREBY CERTIFY, That I attended the deceased from				
(Month) (Day) (Year)	that I last saw h				
7 AGE [If LESS than	and that death occurred on the date stated poveratem,				
yrsmosds. ormin.?	The CAUSE OF DEATH was as follows:				
(a) Trade, profession or	properties of				
particular kind of work (b) General nature of industry	protracted deliny				
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.				
9 BIRTHPLACE (State or country)	Contributory Secondary				
10 NAME OF	(Signed Moration) yes mos ds.				
FATHER Charlo Saylor	1/15- 1981 (Address) Theulen Tud				
OF FATHER Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
of Mother Harrie M. ticher	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-				
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.				
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY WOWLEDGE	Where was disease contracted, if not at place of des.h?				
Clas & Santa	Former or usual residence				
(Informant)	19 PLASE OF BURIAL OF REMOVAL DIE OF BURIAL				
(Address) / CRAMINA	Tracham Jan /5, 190/				
15 Filed Jan 15 1931 Janna My Jones Registras	Ma Course Han Thumanh				
If more banks are needed, address State Registrar, 16 W. Saratour St., Balto., Requesting V. S. No. 1.					

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). should be used only when needed. As examples: (o) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Scrvant Cook, housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy laborer, Form laborer, Laborer-Coal minc, etc. Wom-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Forner (he or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planler, sician, Compositor, Architect, Locomolive engineer, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation not gainfully-em-

Statement of Cause of Death—Name, first, the first Ecausing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sarcoma, Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease; affection need etc. The contributory not be etc., 01

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3

WRITE

3 No. 1

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	DING INK-THIS IS A PERM EN RECORD	carefully supplied. ACE chould be stated EXACTLY, PH
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	PLACE OF DEATH	()()545 STATE OF MARYLAND
	County to ederick	CERTIFICATE OF DEATH
	reas > 4	Registration Dist. No. / 54
licato.	Village or City Wollers (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICU	LARS MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WARRIED,	16 DATE OF DEATH Jane 7 6 1931
200	WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH OCL. Z8 (Month) (Day)	I HEREBY CERTIFY, That I attended the deceased from 1865 (Year) that I last saw haralivo on 24, 151,
		If LESS than and that death occurred on the date stated above, at
	(a) I rade, profession or Labores	Greenma) Slowally
0	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
	9 BIRTHPLASE (State or country) warylond	Contributory Secondary
	10 NAME OF Thomas H. She	etou (Signed) Education Duration J. yrs mos ds.
2	OF FATHER Z (State or country) War loud	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Linkway	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Irans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
	(Informant) . Jos. w. Shel	Former or usual residence
	(Address) Emmitsburg	Haugho Church and Jon 281931
	Filed Jan 27 1931 M. F. Shu	1 20 UNDERTAKER 20 UNDERTAKER W. J. Shuff & Sunitahung ly
	If more b.anks are needed, addre.s 2	tate Registrar, 16 W. Saratoga St., Bulto. Requesting V. S. Ivo. I.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cl fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Rarmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Foreman, For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation to None. (b) Automobile foctory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphul ferer (the only definite synonym is "Epidemia cerebras; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Fonchoppeumonia ("Pneumonia,"

tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefirite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

ation should be carefully supplied. ACE should be stated EXACTLY, PHYSICAUSE OF DEATH in plain terms so that it may be properly classified. Exact TION is very important. See instructions on back of certificate. CORD TH UNFADING INK-THIS IS A CIANS should statement of Oc

MARGIN RESERVED FOR

PLA	ÇE	OF	DEATH
	F	rede	erick

County

Within the Corporate dimits

STATE OF MARYLAND

00546 CERTIFICATE OF DEATH

			Registration	(If deeth occurred In a hospital or institution, give its NAME instead of street and number.)
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Male Male	4 COLOR OR RACE White	SSINGLE. MARRIED. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH January (Month)	, 192 21_(Day) 1931(Year)
6 DATE OF BIRT		26 , 1875 (Day) (Year)	Dec. 30th. 19730 Ja	n. 21st, 19731
7 AGE	55 yrs. 10	If LESS that I day hrs. 25 ds. or min.	. The CAUSE OF DEATH * was as follows:	
business, or est	d or (employer) atry) Virg	ginia	Contributory Endocarditi Secondary (Durstion) (Signed)	s (acute) yre mos 23 de. g yre mos 7 de.
OF FATHE C (State or	country) Virg	ginia	*State the Disease Causing Death Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
12 MAIDEN OF MOTHI	er Prisci	illa Mc.Kimmey zinia	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place of deathyrsds, St Where was disease contracted.	ateyrsmosds,
(Informant)	Mrs Chas. A Tuscarors Luy, 181:	Vancet	if not at place of death?	Jan. 24, 31 ADDRESS

If more branks are needed, address State Registrer, 16 W. Seretoga St., Balte., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., willion.
Inharer, Farm laborer, Laborer-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Seriant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, 07 For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, without more precise specification as Day -Coal mine, etc. not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Spinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railmay trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify ali "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., wben a definite disease (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic valvular heart disease; of the

If this certificate is looked over thoroughly and a'll questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 23, 198/
(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 193 to 2 2 193 that I last saw h Lucalive on 193 and that death occurred on the date stated above, at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contributory Respleced intestine Secondary (Duration) (Duration) (Signed) (Signed) (Signed) (Address) (Address) (Duration) (Address) (Address) (Address)
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. In the State yrs mos ds. Where was disease contracted, from at place of death? Authorite was disease contracted, where or usual residence was death?
19 PLACE OF BURIAL OR REMOVAL Last 25, 1931 20 UNDERTAKER H.M. Smyder Mt ary

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many single word or term on (b) Groccry,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

*(Recommendations on statement of cause of death approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicocmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; Examples: Accidental drowning; Struck by roilway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic volvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

IARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINIK, WITH UI

mation should be aretaly sup

		CERTIFICATE OF DEATH 00548
1	PLACE OF DEATH	82-30
	Vi-day of	Registration Dist. No.
	Village or City Y NOENG (If	No. St., Wa death occurred in a pospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmos,
2	2. FULL NAME Samuel & Smith	
	(a) Residence: No. 10 Centar P	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.8	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	wale fourte OR DIVORCED (varie the word)	Month) 25 th 193 (Year) (Year)
5a.	If married, widowed, or divorced HUSBAND of	
	(Or) WIFE of amanda - Smull	22. HEREBY CERTIFO That I attended deceased fr
6. I	DATE OF BIRTH (month, day, and year) (OCL . 26, 1542	flast saw h in alive on Jan 192 1931; death is s
-	AGE 88 Years 2 Months 24 Days 1 If LESS than	to have occurred on the date stated above, at 6 9m.
	1 day,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEEPER, etc	Date of the
Ĕ		Denily -
5	9. Industry or husiness in which work was done, as SILK MILL, SAW MILL, BANK, etc	arth 1000 - 1060
8	IO. Date deceased last worked at this occupation (month and spent in this)	upopolog amag
-	yeer) occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) (1) (State or country)	740
02	13. NAME	Urans Deleneis
THER		
FAT	14. BIRTHPLACE (city or town) (State or country)	Name of operation
2	15. MAIDEN NAME All we wown	23. If death was due to external causes (VIOLENCE) fill in alse the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country) fully growing	Where did injury occur?
17.	INFORMANT MAS Samuel & Smill Mar.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place Mylrsuffe Date and 22, 1931	Manner of injury
19.	UNDERTAKER CECLING TSUCO (Address) Vederical Man	24. Was disease or injury*in any way related to occupation of deceased?
20.	FILED 21 January, 1931 Da McCurly	(Signed) (Address) A Control of the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 avcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FURBAN V	8.11		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	00549 STATE OF MARYLAND
County Frederick Within th	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village of City Frederick (No. Lity &	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWELD. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 9 , 198/ (Month) (Day) (Year)
6 DATE OF BIRTH 19	17 I HEREBY CERTIFY, That I ottended the deceased from 19 199 to Party 19, 199 that I last say here alive on 19, 199
7 AGE [If LESS than	and that death occurred on the date systed above, at 11-4.5 An
I day & hrs.	
0 yrs. 0 mos. 0 ds. or min.?	
8 OCCUPATION (a) Trade, profession or	aracle checi
particular kind of work Orone	0
(b) General nature of industry business, or establishment in	(D.,.;)
which employed or (employer)	(Duration)yrs mosd
9 BIRTHPLACE (State or country) Moaruland	Contributory Secondary
10 NAME OF	Tok. Hershir
FATHER Carl lo Staley	(Signed)
11 BIRTHPLACE	(Address)
Z (State or country) Maryland 12 MOIDEN NAME.	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Burger	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trum
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Magnelland)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
	Former or usual residence W. Patrick St. Told
(Informant) Carl Co. Staley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 9. W. South St.	Mot Olivet Cam Jan 19. 1931
15 16 6 mall hack	20 UNDERTAKER ADDRESS
Filed) 9 - January 198 / fra / Metrust	Thomas P. Rice Frederick.
// /	

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The (b) Grocery; material

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

atic), "Atrophy." "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be st-ted unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the American Medical Association.) State cause for which surgical operation was under-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Slusher

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. hoydd be carefully supplied. AGE should be stated EXACTLY. The PEATH in plain terms, so that it may be properly classified. Ex IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE CAUSE mation s

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (1055)
1. PLACE OF DEATH	(149-E)
County Fushinek Within the	Cormerce Dist. No. 2
Village or City Fudurick	No. City Hospital St., Ward
	f death occurred in a prospital or institution, give its NAME instead of street and oumber)
Length of residence in city or town where death occurred 2 yrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Travers Cebicea &	rally.
(a) Residence: No. / - 7 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Tomole This nearried	(Month) (Day) (Year)
5a. If married, widawed, as divorced HUSBAND of	
John E. Staley	1 HEREBY CERTIFY, That Lander deceases from
6. DATE OF BIRTH (month, day, and year) Supt. 28 1908	I last saw he alive on Jan Ba 192 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2,0 m.
22 3 6 1 day,hrs.	The PRINCIPAL CASSE OF DEATH and trated causes of importance
8. Trade profession or particular	Cordinal picol got
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	acity Willation of Since
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	1 1 0 1751
	rocan fine culoundy
11. Total time (years) this occupation (month and year)	(O'dloane
2	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) / Calculate (State or country)	3 lest // ngam
	Callet John
7 0 = 10	Valorie 15 Phrest for Inch?
14. BIRTHPLACE (city or town)	Name of operation.
	What test confirmed diagnosis? Was there en eutopsy? 2
(5. 2. 4.	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
P 1 1 P	(Specify city or towo, county and State)
17. INFORMANT (Address) Freeze (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place mt blint la Cate / huy 61931	Nature of injury
19. UNDERTAKER CO. E. Cline + John	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Fredorick, ma	if so, specify
a sured from 1 21 band large !!	(Signed) 7 M. D.
20. FILEDA e January, 19.31 NO J Millardy Registrar.	(Address) — — AMA MA
If more blanks are needed, address Stale Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

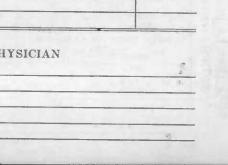
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Perilanilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



PLACE OF DEATH County Trederich . WITHIN ME COLDER	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Fredericle (No. Freder 2FULL NAME Baly Girl State	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenusle White Of Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than I day hrs. B OCCUPATION B OCCUPATION	and that death occured on the date stated above, at
(a) Trade, profession or particular kind of work	fifth of
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duranon) F. Ste. mos. de
9 BIRTHPLACE (State or country) Trederich. mel	Scondary (Dyntion) Stand mos,da
11 BIRTHPLACE	(Signed) M. D
(State or country) /27 W. Path St.	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Frederich. Ind.	ients or Recent Residents) At place
(Informant) The BEST OF MY KNOWLEDGE	Former or usual residence
(Address) 127 m Patrick St	Lut Olivet Oce 3. January, 19 3.
File 3 January 1921 Joseph McChiefy.	C & Cline + Lom Frederick
It more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health: should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the luborer whatever, write None. Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm luborer, yrs). For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-The material persons en-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrosinal meningitis"); *Diphtheria** (avoid use of "Croup"); *Typhoid fever** (never report "Typhoid Pneumonia"); *Lobar pneumonia, *Broachopneumonia** ("Pneumonia, "?

"Urnemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchapneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valve Chronic interstitial nephritis, etc. can be ascertained as the cause. Always qualify all tolanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepses Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart Nomenclature The contributory " Shock," discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYSI-Exact STATE OF MARYLAND CERTIFICATE OF DEATH operly classified. Registration Dist. No. (If death occurred in Ward) a hospit I or institution, give its NAME i. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3_SEX 5 SINGLE COLOR OR BACE may n bạc Jonth) 17 6 DATE OF BIRTH attended the deceased from (Month) 7 AGE and that death occurred on the date stated above, at ERVED min.? & OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Q. business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE MARGIN Secondary DA (Durstion) 00 0 (Address) (D) [L] *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from SO OIL B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) occn 13 BIRTH In the At place of death. .yrs......ds. yrs.....mos..... Where was disease contracted, if not at place of death? THE BEST OF MY KNOWLEDGE of sho Every item CIANS sho statement Former or usual residence DATE OF BURIAL Filed If more blanks are needed, addres State Registrar, 16 W. Saratoga St., Belton Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from work, Spinner, (b) Cotton mill; (a) Sulesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed Civil engineer, Stationary fireman, etc. But in many Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, ahorer, Farm laborer, or At Home, and children, not gainfully emwithout more precise specification as Day Compositor, For persons who have no occupation Laborer-Coal minc, etc. Wom-Architect, Locomolive As examples : (a) engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinktheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> s as fracture of skull, and consequences (e.g., sepais, (Recommendations on statement of cause of approved by Committee on American Medical Association.) teunus) may be stated under the head of "contributory." accident; Revolver wound of head-honnicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perdonueum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid cough; Chronic The nature of the injury, valvudar etc. Nomenclature The contributory heart disease; not be

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7	2	CIANS should state CAUSE OF DEATH in plain terms so that it m	statement of OCCUPATION is very important. See instructions on
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7	N. B. Eyery item of information should be carefully supplied. ACE shou		
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V. S. No. 1

of the transfer of the second to
St.: Ward) (If death occurred in a hospital or institu- tion, give its AMME in- stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Jan (Month) J. S(Day) (Years) 17 IMEREBY CERTIFY, That I attended the decensed from July 1920, to J. 1921, that I last saw him alive on Jan 16, 1931,
and that death occurred on the date stated above, as m. The CAUSE OF DEATH * was as follows: Facus deas Alexander Of Sungs OT RESPONDENTATIONS OF
(Signed) (Duration) (D
ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL LOUNDERTAKER LOUNDERTAK
The state of the s

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer Co or given up on account of the DISEASE CAUSING HEALT. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

s; inal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrospina EA. E CLUBING DEATH (the primary affection with respect Striement of Cause of Death-Name, first, the Dis ferer the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid Pneumonia") time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of approved by Committee on Nomenclature of the teanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease corbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by roilway train-Chronic valvular heart discase, etc. The contributory

data is essential permanently filed. answered in detail, it will prevent further correspondence. All the addata is essential and must be obtained before the certificate is this certificate is looked over thoroughly and all qu stions

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MARGIN RESERVED F	WRITE PL NLY, WITH UNFADING INK-THIS I	y item of information should be carefully supplied.
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V. S. No. 1

PLACE OF DEATH County Prederical	00554 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lebrely town (No	Registration Dist. No. / O / St: Ward) St: Ward) Awradues Registration Dist. No. / O / St. Ward) (If death occurred in a hospital or institution, give its NAME is stead of streat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Jaw, 28 , 1934
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the dacassad from 1920 to 1921 that I last say h maliva on 1921
7 AGE [If LESS than I day hrs. 16 ds. or min.]	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work with the general phore (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Careunoma of Awrs (Duration) yrs. 0 mos. 0 da Contributory Secondary
10 NAME OF William H. Suradura	(Signed) Otis 13, None M. D. M. D. Daw 29 1931 (Address) Wurlig town
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER PRINCES U Slipen 13 BIRTHPLACE OF MOTHER (State or Country) Md	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiants or Recart Residents) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Liberty town	Jarmonh Cemelery Jam 31, 1932
Filed Jan 29 1931 MA Curfue are Registrar If mora b.anks are neaded, address tate Registra	Appress West own with the work of the work

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lig laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Ai school, or Ai home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed

PLACE OF DEATH	00555 STATE OF MARYLAND
County Hederick (23)	CERTIFICATE OF DEATH
1-1.1	Registration Dist, No. (39
Village or City State San Now worm	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Lula P. T	hauley tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 24, 1993/ (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 29, 1884	nov 18 1923/10 Jan 24, 1923,
(Month) (Day) (Year)	that I last saw h lalive on John John John John John John John J
AGE If LESS than I dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
46 yrs. 5 mos. 25 ds. or min.?	ROYA
(a) Trade, profession or particular kind of work	Oulmonary ubliculosis
(b) General nature of industry	(Duration) yes mos de.
which employed or (employer)	Contributory Welculous Larmatts
(State or country) (Abanhan	Secondary
10 NAME OF Julemon J. Price	(Signed) Surarion (Signed) Surarios de.
11 BIRTHPLAGE OF FATHER	State the Disease Causing Doth or in deaths from
Z (State or country) / Www.and-	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Quanta Legg.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wardland	At place of death yrs 2 mos 6 ds. In the State discussion ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not st place of death?
(Informant) W. a. Yardner	Former or usual residence Themsoon. Ma l'arolina
(Address) State Sanafrus Md.	Greenstono Md. Whony
Filed // 19 19 Registrar	20 UNDERTAKER LADDRESS GADDRESS GADDRES
16 branks are meded address State Registrar	16 W. Saratora St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm loborer, without more precise specification as Doy Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The Laborer-Coal minc, etc. Womnot gainfully emmaterial engineer, Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrosainal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection withrespect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia."

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL scplicaemia," "PUERPERAL perilonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthonia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY cough; 99 "Heart failure," "Haemorrhage," Chronic The nature of the injury, etc. The contributory valvular heart disease; Nomenclature

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed.

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2FUI	LL NAME JOE	m.
PERSON	AL AND STATIST	ICAL
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DATE OF BIR	тн	
	Janua (Month	uy i) /
AGE		

OF MOTHER

13 BIRTHPLACE

OF MOTHER

(State or country

STATE OF MARYLAND 116556 CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME is number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from end that death occurred on the date stated above Contributory Secondary (Signed) Diseass Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death .. Where was disesse contracted, if not et place of dea.h?. Former or usual residence

PARTICULARS IGLE. RRIED. DOWED. DIVORCED rite the word) (Day) (Year) IIf LESS than I day hrs. min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME

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If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer. (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer--Coal mine, etc. not gainfully einmateria Grocery, Wom-

Statement of Cause of Death—Name, first, the Disease is causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal force (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia").: Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(If death occurred in

a hospital or institu-tion, give its NAME is steed of street and

number.)

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise operational disperser, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH; gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same actepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"lelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; FOR VIOLENT DEATHS state MEANS OF INJURY Chronic affection need not be etc. The contributory valvular heart Measles ; disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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i te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00558
state UPA-	1. PLACE OF DEATH .	93-2
OCC	County Frederick.	Registration Dist. No. 179
should of OCC	Village or City Rackly Midge	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS ut	Length of residence in city or town where death occurred 15 yrs mos.	ds. How long in U.S. if of foreign birth? yrsmos ds.
PHYSICIANS act statement	2. FULL NAME Dellow Cluderson	Waller
SIC	(a) Residence; No.	St., - Ward.
HY t s	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Exact	PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
7	3. SEX M 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)	(Month) (Day) (Year)
A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WHEE of 1917 and E. Waeleler	22. I HEREBY CERTIFY. That I attended deceased from
C. C.	6. DATE OF BIRTH (month, day, and year) July 3, 185-7	I last saw h im alivo on Land 26, 1931; death Is said
ted E	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:30 Pm.
ated operl tifica	7.3 6 2.3 1day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance years as follows: Oata of onset
be st of cer	8. Trade, profession, or particular kind of work done, as SPINNER, Farmer Ret.	Chronic myocardelio 1928
ould may back	9. Industry or business in which work was done as SILK MILL.	acute delatation of freast 1931
hoe ba	work was done, as SILK MILL, SAW MILL, BANK, etc	J
E s on	this occupation (month a Melv 1916 spent in this year)	
AGE that ions		Other Coatributory Causes of Importance:
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) (State or country) Maryland	
rms	# 13. NAME George Wachler	
	14. BIRTHPLACE (city or town)	Name of operation Oate of
ly sullain t	(State of County)	What test confirmed diagnosis? Was there an autopsy? Dre
efull in pl	15. MAIDEN NAME Mary Crawer	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
T du	(State or country) Marylew	Where did Injury occur? (Specify city or town, county and State)
hould beard OF DEATH very import	17. INFORMAN Mrs. Marge Waller (Address)	Specify whether injury occurred in INOÚSTRY, In HOME, or in PÚBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Clarify Ridge Date fan 29, 1931	Nature of Injury
mation s CAUSE TION is	19. UNDERTAKER Willfirde & Treeger	24. Was disease or Injury in any way related to occupation of deceased? 700
	20. FILED 25, 1931 anna M. Jones Registrar.	(Signed) I deaudig Deller M. D. (Address) Delour mo,
(1)		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of conset
Chronic interstitial nephrities	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

EORD

B:-Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIAMS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact BINDING TH UNFADING INK---THIS IS A PERMAN MARGIN RESERVED FOR WRITE PLA

V S. No. 1

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PLACE OF DEATH	0000	STATE OF MARTLAND
County Trederick	(131)	CERTIFICATE OF DEATH
		Registration Dist. No. 147
Village or City Maring (No	Jane Watkin	St.: Ward) (If death occurred a hospital or institution, give Its NAME is stend of street or number.)
PERSONAL AND STATISTICAL PAR	RTICULARS ME	DICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGER MARRIE WIDOW OR SINGER	16 DATE OF DE	
6 DATE OF BIRTH March 2		REBY CERTIFY, That I attended the deceased from 1923 to 1923 to 1923
7 AGE 61. yrs. 10 mos. 3	dayhrs. The CAUSE OF 1	DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	ne. Gl	, Interstitut Nephrita
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary	6h. Userice
10 NAME OF FATHER William H Bu	(Signed)	Danty Taliff M. 192 31 (Address) Marin M.
OF FATHER (State or country) 12 MAIDEN NAME	Wolent Cause Accidental, Sui	e Disease Causing Death, or, in deaths from s, state (1) Means of Injury and (2) whether cidal or Homicidal.
OF MOTHER CALLAND 13 BIRTHPLACE OF MOTHER (State or country)	ients or Recer	RESIDENCE (For Hospitals, Institutions, Transt Residents) la the State yes nos nos nos nos nos nos nos nos nos no
14 THE ABOVE IS TRUE TO THE BEST OF MY K	Where was disease if not at place of Former or	
(Informant) Mus Stiller	usual residence	
(Address) Mary	my Jorish	Oak Cenaling Jaw 9 th. 193
15 Filed Jan 8 1231 Wm	Registral 20 UNDERTAKE	Beall In Dremascus
	dress State Registrar, 19 W Saratoga	Dalas Danasias V S No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houselaborer worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples : (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemund, etc. If the occupation has been changed gaged in domestic service for wages, as Serund, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken mork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, nature of the business or industry, and therefore an Physician, Compositor, Architect, Foreman, For many occupations a single word or term on Farm laborer, Loborer—Coal mine, etc. Wom-home, who are engaged in the duties of the without more precise specification as Doy For persons who have no occupation (b) Automobile fuctory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accented ed term for the same disease. Examples: "crebrusphul fener (the only definite synonym is "Epidemic eerelbros inal meningitis"; Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Exhaustion," "Heart "Old Age, "PUERPERAL seplicaemia," "PUERPERAL perilonihis, "Inanition," "Marasmus," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinonu, Sarconu,, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anacmia" (merely symptomuse of "Tumor" for malignant neoplasms; Measles; taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (diseaso etc. The contributory valivular heart Nomenclature not be discuse;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.—Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial mephritis			1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND rederick CERTIFICATE OF DEATH Registration Dist. No. / 32 (If death occurred in a hospital or institu-Ward) tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX COLOR OR RACE MARRIED, Marre 16 DATE OF DEATH WIDOWED. OR DIVORCE (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that I last saw h 97 (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry usiness, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE RENTS OF FATHER Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the of death ... (State or Country) Where was disesse contracted, if not at place of dea.h? CIANS sho Former or usual residence BURIAL AN If more blanks are needed, addre.s atate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. 8. No. 1

(Approved by U. S. Census and American Public Health Association.)

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Streement of Cause of Death—Name, first, the prise EA CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); "Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ed EXACTL (If death occurred in Village or City Ward) a hospital or institution, give its NAME In stead of street and number.) proport of certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH. 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED be BINDING WIDOWED. OR DIVORCED should it may Write the word 17 I HEREB That I attended the deceased from 6 DATE OF BIRTH #to... that (Day) (Year) that I last saw (Month) IIf LESS than and that death occurred on the date stated above, 7 AGE 90 supplied. In terms s The CAUSE OF DEATH * was as follows: ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Durstion) UNFADING ü which employed or (employer) ATH Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Durstion) D W DO 10 NAME OF 34 O (Address) 11 BIRTHPLACE OF FATHER Disease Causing Death, or, in FNA Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. CAUS and (2) Whether (State or country) 12 MAIDEN NAME D. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER Informal state (4 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State _____yrs.____mos.__ of deathyrs.....mos..... (State or Country) 00 Where was disease contracted, CIANS should statement of if not at place of dea.h? TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL (Address) ADDRESS 20 UNDERTAKER 15 Registras If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Fublic Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness, of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Never return "Laborer," "Forcman," "Manager," "Deal-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, For persons who have no occupation Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

> st_ted unless important. Example: Measles (disease causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condior intercurrent) affection need " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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